



لجنة الطب البشري  
رؤية تنير دروب تميزكم

**Hope academic team**

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**Urology - Miniosci**

# Wateen Batch

دكتور حسان خطاطبة

Case: LUTS

Chief complain: poor streaming

You should take a full history and ask about LUTS

Investigation: especially PSA

He asks about the normal range and the ratio of PSA

Ddx: urethral stricture, BPH, ...

And he asks about the score of BPH which is IPSS

And its contents (FUN WISE)

The score of each content (1-5)

Final score: (mild 1-7) (moderate 8-19) (severe 20-35)

And when to start treatment (moderate)

Management of BPH

What is the first line (alpha-blockers) and give an examples (prazosin, terazosin, ..)

Loin pain

History suggesting pyelonephritis

What is your ddx?

Lab tests?Imaging?

If there is severe hydronephrosis what is your next step? If failed what would you do?

40 years old male with Left side Loin pain

For 3 days No previous episodes

Dr skipped introduction

History

No fever no LUTS symptoms

No hematuria

Sudden onset

No radiation of pain No N/V

No hospitalisation history

No family history

What's the single most probable diagnosis: left middle ureter stone

The patient had a single kidney for whatever the cause is and Labs showed elevated Creatinine

What's the best imaging test? CT without contrast,.....If the patient didn't have money to do it?

US / abdominal X-ray

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The patient had 1 cm stone

What's the next step in management: Relieve obstruction

What do we do to relieve the obstruction:Nephrostomy (And/Or?) Double J catheter

# Uro group D3,4 miniOSCE

- RCC risk factors
- Stone & hydronephrosis management
- Gold standard for BC diagnosis
- Definition of urge & stress incontinence
- CI of ESWL
- Types of bladder cancer
- Most common type of bladder ca in general & in Egypt
- Talk about staghorn
- What is sturvite & what is the bacterial cause
- Torsion case

انواع ال retintion  
انواع ال incontenince  
?RCC most common type  
Rcc diagnosis  
Von hippel lindau syndrome  
Eswl contraindications

Causes of heturia  
Diagnosis of bladder cancer  
staghorn stone اسم البكتيريا التي تعمل  
Scrotal pain Presentation  
وكم ان سأل كيف بتصير الحصوه  
وانواع ال stone  
CI of ESWL  
كيف تعالج ال staghorn stone

Struvite  
Staghorn tx  
Eswl CI  
Bladder ca  
Hematuria  
Types of RCC  
Bell clapper - torsion  
Hematuria differential  
Blue dot in torsion  
Difference between torsion and infection  
Gold standard for bladder cancer diagnosis  
Scrotal pain and associated congenital anomalies

Testicular torsion : what seen in physical examination, و ايش اول اشي بتعمله ,

# Urology

## **1) Female 22yo painful hematuria**

#Hx:

1- introduce you self

2- permission + Privacy

3- Pt. profile

name , age , occupation , marital status , address

\*\*if married ( how many children , how old is the youngest one )

admission via clinic or ER

4- chief complaint + Duration

5- HPI

☐ when ??

☐ painful or painless

☐ timing in streaming ( initial , total , terminal)

☐ Constant or intermittent

☐ any clots with it and shape ??

☐ bleeding in other sites ??

☐ blood only without urine ?

☐ dysuria ,Fever , nausea , vomiting, discharge , weight loss , Rigors ,

6- you should ask about \*\*LUTS \*\* ..... (7-8 marks)

7- ask about GI symptoms

( anorexia , painful mouth , dysphagia ,heartburn , abdominal pain , altered bowl habit ,melaena , abdominal distention )

8- history of previous similar attacks

9- past and medical history

Trauma , previous surgeries , Catheterization , circumcision , DM , HTN

10- Drug history

allergy of any thing ??

allergy of specific Drug ?

if takes Drugs ? --- > Rifampin or anticoagulants ( aspirin)

11 - Family Hx ( stones + Tumors .....

12- social Hx

Smoking , Alcohol , Food , Travel Hx , Sexual Activity

**Investigations and Lab //** CBC (Hemoglobin), UA, Urine culture,( he said they need time)

KFT, cytology,

**Imaging //** US , KUB , CT

**DDX:** pyelonephritis, stone, trauma, cystitis

**NOTE:::** as she is a female mention short urethra and close rectal proximity

As she is newly married cystitis caused by staph saprophyticus (honeymoon cystitis) applies

## 2) **PR nodular and painless prostate**

– note that these are pieces of the question which means that the student before drew history and the next proceeds to management and investigation and so on ....

#Hx:

1- introduce you self

2- permission + Privacy

3- Pt. profile

name , age , occupation , marital status , address

\*\*if married ( how many children , how old is the youngest one )

admission via clinic or ER

4- chief complaint + Duration

**Lower Urinary Tract Symptoms \* irritative • frequency • nocturia • dysuria • urgency • incontinence \*Obstructive • Hesitancy • poor streaming • dripping • intermittency • straining ( AUA previously called IPSS)**

Also ask about ::: Abdo/flank pain

Previous transurethral surgery

CNS, neurologic diseases (parkinson's, stroke)

Meds (oral decongestants, antidepressants)

DM

Previous STD's or perineal trauma

### **PE**

General & GU exam, DRE, Focused Neurourologic Exam

Investigation: UA/ UCx

### **Management:**

The therapeutic cascade (step-up):

- 1) lifestyle measures –physiotherapy
  - (decrease fluids -caffeine
  - alcohol
  - time diuretics
  - decongestants
  - exercise
  - weight loss
  - sleep apnea
  - Diet)
  
- 2) Medication : alpha blockade-5 ARIs - anticholinergics (occasionally)- combination med therapy

### 3) Intervention under GA (TURP – gold standard )

- Surgical Options
  - “Minimally invasive therapy”
    - Injections – eg. Botox™, alcohol
    - Photodynamic therapy (PTD)
    - Microwave heat treatment
    - High Intensity Frequency Ultrasound (HIFU)
    - Needle ablation / radio-wave treatment
    - Electrovaporization of prostate
  - **Laser therapy**
  - **Transurethral resection (TURP)**
  - **Open prostatectomy**
  
- Indications for surgery
  - Symptoms refractory to medical therapy
  - Recurrent UTI
  - Urinary Retention
  - Recurrent Hematuria
  - Renal Impairment
  - Bladder Calculi



**3) Mona, 40 year old married, flank pain, 3 hours ago. management and diagnosis**

**4) 6mm stone on CT management (yes that was how the question was stated!)**

**#Hx:**

1- introduce you self

2- permission + Privacy

3- Pt. profile

name , age , occupation , marital status , address

\*\*if married ( how many children , how old is the youngest one )

admission via clinic or ER

4- chief complaint + Duration

5- HPI

S - Rt , Lt , unilateral , Bilateral

o- gradual , sudden ,....

C- burning , stabbing , .....

R- genitalia , lower back , testis , supra pubic , .....

A- Fever , nausea , vomiting , hematuria , discharge , weight loss , Rigors , dysuria

T-intermittent , continues , morning ,night

E- analgesic , movement , position ,.....

S- ??/10

6- you should ask about **\*\*LUTS \*\*** ..... (7-8 marks)

7- history of previous similar attacks

8- past and medical history

Trauma , previous surgeries , Catheterization , circumcision , DM , HTN

9- Drug history

allergy of any thing ??

allergy of specific Drug ?

if takes Drugs ?

10 - Family Hx ..... ( stones + Tumors + .....)

11- social Hx

Smoking , Alcohol , Food , Travel Hx , Sexual Activity

### **physical Examination ( Full examination )**

1 ) general examination ( well , in pain or not , laying , cyanosis, pallor , jaundice ,.....)

2) vital signs ( Pulse , Blood Pressure , Respiratory Rate ,Temperature )

3)Full abdominal Examination ( inspection ,palpation , percussion , auscultation) + Balloting Kidney + Renal angle tenderness

### **#DDX**

Urinary ---> Stone , UTI , Trauma , Tumor

non Urinary -> appendicitis , cholecystitis

Bowl obstruction , muscle spasm

### **#Investigation**

\*\* Lab // CBC , UA , Urine culture , Kidney Function test

\*\* Imaging // US ( obstruction) KUB , CT without contrast -----> with

### **#Management**

first with analgesia and fluid resuscitation

### **Renal stones**

1) if <0.5 cm + Distal part of UT --> Conservative ->

more hydration + drugs to dilate ureter and urethra ( alpha 1 blockers )

2) 0.5cm < stone < 2cm proximal --> ESWL (unless it appears only on CT ie it is a uric acid stone then you jump immediately to flexible uretroscope)

Distal ---> flexible uretroscope

If not working or large stone --- > PCNL ; if not working -----> open surgery (not common )

REMEMBER:: struvite stones can cause infection and thereby prophylactic AB must be initiated

### 5) Left testicular pain , adult

Presentation : scrotal swelling and pay attention here age is important

#### #Hx:

1- introduce you self

2- permission + Privacy

3- Pt. profile

name , age , occupation , marital status , address

\*\*if married ( how many children , how old is the youngest one )

admission via clinic or ER

4- chief complaint + Duration

5- HPI

☐ Rt , Lt , unilateral , Bilateral , localized or diffused

☐ gradual , sudden ,....

☐ redness , hotness , reducible ( hernia ) , bag of worms ( varicocele )

☐ Fever , nausea , vomiting , hematuria , discharge , weight loss , Rigors , dysuria , blood in semen

☐ if there is pain take SOCRATES

6- you should ask about **\*\*LUTS \*\*** ..... (7-8 marks)

7- history of previous similar attacks

8- past and medical history

Trauma , previous surgeries , Catheterization , circumcision , DM , HTN

9- Drug history

allergy of any thing ??

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if takes Drugs ?

10 - Family Hx ..... ( stones + Tumors + .....)

11- social Hx

Smoking , Alcohol , Food , Travel Hx , Sexual Activity

#### #physical Examination ( Full examination )

1 ) general examination ( well , in pain or not , laying , cyanosis, pallor , jaundice ,.....)

2) vital signs ( Pulse , Blood Pressure , Respiratory Rate ,Temperature )

3)Full abdominal Examination ( inspection ,palpation , percussion , auscultation) + Balloting Kidney +

Renal angle tenderness

4) genitalia

-hair distribution, visible vein , swelling , ulcer , redness , hotness

-cremasteric reflex

- prehn's sign ( elevate scrotum and testis ---> if pain decreased --> epididymitis

-transillumination-blue dot

5) DRE

### **#DDx**

Painful ---> torsion of testis,

torsion of appendage

epididymitis , orchitis

Painless ---> testicular cancer

hydrocele , varicocele , hematocele

other -----> hernia

### **#investigation**

\*\* Lab // CBC , UA , Urine culture , KFT , semen analysis , tumor markers ( AFP ,HCG )

\*\* Imaging // Doppler US , Cystourethroscopy , CT

### **#treatment**

☒ Torsion -> surgical treatment + fixation of other testis

☒ appendage -> NSAID + ICE + scrotal support

☒ epididymitis , orchitis -> ABx ciprofloxacin

☒ Testicular cancer -> orchiectomy + chemotherapy

☒ varicocele -> ligation

NBBB:::

DIFFERENTIATE between testicular, appendageal torsions and epididymo-orchitis

\*\*\*There are other differences too in slides please refer

- The pain is located in the superior pole of the testicle.-appendages This is a key distinguishing factor from testicular torsion. A focal point of pain on the testicle is uncommon in complete testicular torsion.
- Systemic symptoms are absent. Nausea and vomiting (frequently seen in testicular torsion) are usually not associated with appendages
- Urinary symptoms are absent. Dysuria and pyuria are not associated with torsion of the testicular appendages.Their presence is more indicative of epididymitis

GOOD LUCK

[21/03, 19:27] Dana: Colic Pain , in right flank started 2 hours ago radiates to suprapubic area with fever and obstruction , Diagnosis ? imaging ? Management? stone 1 cm intraretral Double J immediate management for signs of obstruction .

[21/03, 19:27] Dana: Renal colic

Pt 40y.o complained from Rt flank pain

Doctor ask to take specific hx (SOCRATES & LUTS)

what's your ddx? Renal stone

If the stone not appear on x\_ray but you can see it on CT,, what's the type of this stone? Radiolucent most likely to be uric acid

What's the pharmacological ttt? (name of the drug)

[21/03, 19:27] Dana: Testicular pain in 18 yr old

Asked for hx W/O pt profile

Sudden sever pain unchanged for 2 hrs he was laying in bed when it started it was only a/w one time vomiting

بس ذكرت انه لازم اسأل Luts ما خلاني اسأل عن ال

عن physical exam

abdominal و genital قائلته

شو لازم افحص بالزبط وشو لازم اشوف genital خلاني افصل بال

ما عجبته قلبي ليش بدك تفحصيه DRE قائلته

وبعدين سأل شو رح تعمليله

exploration بس ما رح يفيد ولا رح ينفى فرح اعمل Doppler قائلته ممكن

سأل شو رح عملي يعني

untwist مع warm saline and 100% O2 قائلته

Then wait to see if viable or not if not remove if viable keep

And most important is orchidopexy or fixation for both sides in both cases

بس هاد اللي بتذكره

[21/03, 19:27] Dana: Painless scrotal swelling... He asked me to skip history and physical examination... Asked me about Ddx of this swelling

1 \_ TYPES OF TESTICULAR CANCER AND WHICH ONE IS THE MOST COMMON

ALL BLOOD MARKERS AND DON'T MENTION THE appreciation... How to deferentiate between solid and soft mass

Asked me about PSA

Density. Ratio.. Types

What is the type of surgery of testicular tumor and why and what lymphatic drainage of testis

[21/03, 19:27] Dana: Renal colic

- 25 y.o pt complained from Rt flank pain

Doctor ask to skip pt profile and take specific hx (SOCRATES & LUTS)

-what's your ddx? Renal stone / UTI/ trauma

-what is the gold standard investigation for renal stone ? CT scan without contrast

-in ct scan.. pt has renal stone 0.4 mm... What is the next step in treatment?! Conservative therapy (hydration +analgesia +alpha 1 blockers)

[21/03, 19:27] Dana: Case: 65 y.o male complaining from “weak stream” ...

Q1-take Focused Hx and skip patient profile

symptoms of LUTS: من الملف تبع ١٤ صفحة ومهم جدًا نسأل كل ال

Q2- your diagnosis?

PBH

Q3-what are the risk factors of BPH ?

Most imp risk factor is “age”

Q4- talk about BPH (what is the BPH)?

Answer in slides

Q5-treatment of BPH?

Start medical ttt by alpha blockers and 5-alpha reductase inhibitors then if there's indications for surgery do it

Q6- options of surgery?

TURP and TUIP

Q7- indications for surgery?

Answers in slides

[21/03, 19:27] Dana: \*Renal colic w flank pain,65y: specific hx, investigation, ddx, management

\*Ptn With one kidney and has ureteric stone :your first management & why

[21/03, 19:27] Dana: 60 years old male patient presented to you with LUTS symptoms :

- take a specific (not detailed) history from the patient
- what would you do to the patient in the clinic (physical exam )?
- what would you order for investigations ?
- what is the most likely diagnosis for this patient ?
- what would support your diagnosis from investigations ?
- give other differential?

# Urology oral exam

## Soul batch 2021



\*إذا إمتحانك مع د.مراد لا تسأل أي شيء مش directly related حتى لو كان systemic related أو review ولو موجود في الكتب أو راوندات الدكاترة لاتسأله أو إذا سألته لازم تفسر





You should take a full history including the following questions (Timing? Any clot? shape of clot? Bleeding in other sites? Nausea, vomiting ..... Gi symptoms, drug hx ( aspirin and rifampicin), social hx ( smoking ), ask about his diet and if he has eaten any red colored food, If pt had previous similar attacks + lower urinary tract symptoms

**-The doctor asked what is the Ddx of hematuria at the beginning, middle, end of the stream?**

**-investigation ( all )**

**- imaging ( US + KUB + CT scan )**

**- ttt ( TURB) next step if it T2 ( cystectomy )**

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**Case: 18 y/o patient with right scrotal swelling**

-it was painless, associated with weight loss, LUTS were negative, otherwise the history was free

**-Physical examination** of genitalia was also free

**-Diagnosis:** testicular cancer --> check B-hCG, AFP and LDH levels

**-Management:** Perform orchiectomy (inguinal approach)

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**Case: lion pain (Dr hasan)**

The radiological study showed that there's a 3 cm stone

**What is your management ?**

Analgesics to relieve the pain

If the stone is more than 2 cm, so we use PCNL as a first choice, then JJ cath as a second choice and as a 3rd choice we use ESWL

We must consider the doctor skills, hospital facilities and patient factors

**Case: 40y female pt with Right lion pain**

She is married and has 3kids

I took full history. Most important thing was that the pt was afebrile so don't mention pyelonephritis in the Ddx and don't mention antibiotics in the ttt

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**Case:12 y/o male with sudden left testicular pain for 1 hour**

-The pain is severe... sudden in onset. It's associated with redness, hotness, and swelling.

-**Associated symptoms:** nausea. LUTS all were negative Past medical, social, family all were free

-**specific physical examination In genitalia:** Redness, hotness, and swelling Absent cremasteric reflex -ve prehn's sign -ve blue dot

-**Dr asked for 3 DDX:**

1)testicular torsion

-**What is your management:**

It's a surgical emergency so I perform surgical exploration with detorsion if there is torsion Check the other testes And if i have time i will do a Doppler US

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**Case:40y pt with right loin pain**

History was free except for the renal angle tenderness and the doctor asked me to perform physical exam and asked about 3 Ddx

Stone, UTI, Tumor

-**what is the best diagnostic imaging in case of stones 5mm?**

CT

-**What is the ttt?**

Conservative (hydration and pain killers) And ureteroscopy

-**what if it was a 3 cm stone What's the treatment options?**

PCNL > RIRS > ESWL

-what if it was 4mm?

conservative ( hydration + alpha blockers)

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**Case: 20 YO male pt with right scrotal swelling**

**-History**

The swelling started one and a half month ago, gradually, it's unilateral, no pain, no redness, no hotness, no ulceration, no dilated veins (there's nothing that looks like a bag of worms).

No dysuria, no discharge, no hematuria, no flank pain.

All LUTS are negative.

No fever, no weight loss, no anorexia, no nausea or vomiting.

No history of a recent trauma.

This is his first time experiencing this

**-Move to localized physical examination** ( which means start immediately with examination of genitalia)

By inspection:

Normal hair distribution, the swelling is obvious, no redness, no ulceration, no dilated veins, no urethral discharge.

By palpation:

The mass is located on the testes, about 1.5×... in size, not hot nor tender and hard in consistency.

**-What is your dx?**

Testicular cancer

**-Is this your only differential dx?**

No

**Case: female pt with loin pain**

-Pt had fever and chills, nausea without vomiting

**-On physical examination,** Pt had tenderness with a mass in the renal angle

**-Give me 3 Ddx?**

1)pyelonephritis

2)stone

3)truma

**-what is the best diagnostic imaging?**

CT scan

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**Case: 2 yr old boy presented to the ER with left testicular pain of one hour duration**

This is the first time, Site left testicle, Onset sudden, Character stabbing, no Radiation , T- don't ask about it because 1 hour only, E & R- nothing, Severity 10/10

Associated- doesn't know if there's swelling or not (didn't notice), no hematuria, no nausea no vomiting, No Catheterization, no trauma, circumcised,

All of LUTS negative

Fam, drug, surgical, social free

**-Physical examination- localized**

Inspection:- secondary sexual characters, external meatus, swelling (yes), erythema, visible veins, no ulceration ,

Palpation:- very tender, negative prehn's sign, negative cremasteric sign ,

No blue dot sign, no transillumination

**Differential (in order)-**

1 -testicular torsion ,

2 -torsion of appendages ,

3 -orchitis, epididymitis

**Case : 67 years old male pt with painless hematuria**

Heavy smoker , no luts, not taking anticoagulant

normal physical examination

**-Give 3 Ddx?**

1)bladder cancer

2)RCC

3)prostate cancer

**-if a tumor was found in the bladder what is the ttt?**

---

**Case: Left loin pain (Typical history of stone)**

**1-What's the best imaging study for stones?**

CT without contrast

**2-What if the patient doesn't have money?**

KUB is the cheapest

**3-What is the percentage of radio-opaque stones on KUB and which stone is lucent?**

75-85% , uric acid

**4-If in imaging you found 2 stones completely obstructing both ureters what's your next step?**

Relieve obstruction by a double J stent or percutaneous nephrostomy

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**Case: Right Loin Pain Sudden onset**

stabbing in nature Associated with fever ,nausea &vomiting

-If the DDX was stone And it was in ureter if pain is in upper ureter where does it radiate to and if it was in the lower ureter where does it radiate to?

-He asked also about investigation and treatment of stone

**Case: 62 years old male with painless hematuria**

**-One specific question in social history : smoking**

**-Diagnosis:** bladder cancer

**-Most common type of bladder cancer :**

Transitional cell carcinoma

**-Types of bladder cancer:**

Invasive (t2,3,4)

Non invasive (t1)

**-Treatment of invasive bladder cancer:**

cystoprostatectomy

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**Case: Ahmed 60 y painless hematuria 2 weeks ago ..**

**full history**

PE was normal

**3 ddx?**

**investigations ?**

**If u found 1 cm mass in the kidney, What is the next step?**

---

**Case: 12 year old male patient with left testicular pain**

-Take history from the patient

- What would we look for in this patients physical ex

-Treatment for this patient and the contralateral testes

- What congenital anomaly would we think off for a patient with testicular torsion

**Case :25 years old man with poor urine streaming of 2 years duration -**

skip patient profile and take HOPI (all LUTS questions, past medical and surgical, history of accident and trauma to urethra, social history)

**-what is the diagnosis?**

urethral strictures.

**-how to treat?**

Using urethral metal dilators.

**-What if dilation doesn't work?**

Do urethroplasty.

---

**Talk about Everything in Testicular swelling(painless)**

History/Investigation/ddx

-What image study do you do and why?

Abdominal CT For Met

-Most common site for mets?

-what is the most common testicular ca?

---

**Case: a 65 years old male with weak urine flow**

-ask about HOPI (luts questions) no pain or other associated symptoms, skip all other parts of history .

**-give 3 deferential diagnosis for voiding problem or the question may be that through DRE you found a mass what's the Ddx?**

1) BPH

2) prostate ca

**-Complication of BPH**

**-questions about IPSS**

**-indications of surgery in BPH**

**-Types of prostate surgery?**

Prostatectomy and open



**-Indication to open surgery?**

Prostate >100g

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**Case: painless Scrotal swelling**

**-What is your ddx?**

**-are testes palpable in hydrocele ??**

**-How differentiate between choriocarcinoma and teratoma histology?**

**-why in testicular cancer operation inguinal approach??**

**-how to do orchiectomy?**

**-Talk shortly about omnic**

---

**Case: A 12 y.o boy came to the ER since an hour, complaining of rt testicular pain**

- sudden pain continues, associated with nausea and vomiting, no fever, not relieved by anything, severity 8/10

**-DDX => rt testicular torsion..**

**-Why?**

1) painful scrotum

2) young age(12-18)

3) he has nausea and vomiting

**-why did you ask about the fever?**

**-And whats the difference between torsion and epididymitis in physical exam**

**-what is cremasteric reflex And Prehn Sign.**

**-management for this pt?**

Surgical detorsion and orchidopexy

**Case: Left loin pain**

-Left , sudden, stabbing , radiates to lower abdomen , continuous, not relieved or elevated by anything , 9/10

**-Ddx? Stones**

**-investigation?**

CBC ,KFT ,UA ,CT without contrast or KUB

**-what percentage of stones will show on KUB?**

75%-85% radio-opaque

**-most common type?**

calcium oxalate

**-which type appear radiolucent on X-ray?**

Uric acid & xanthine

**- if it was 4mm in lower ureter what is best treatment?**

Conservative which include hydration, NSAID & alpha blocker If failed we do ESWL or rigid ureteroscopy

**- if pt had right nephrectomy & have increase creatinine would that change the ttt?**

Immediate drainage by double j or percutaneous nephrostomy.

---

**Case: 13 -year old male patient comes to your clinic with left painless scrotal enlargement without any constitutional or LUTs.**

**-What is your DDX?**

Hydrocele-varicocele-spermatocele-tumors.

**-How to differentiate between tumor and hydrocele?**

Tumor does not trans illuminate +we can feel the testis on exam

Hydrocele-transillumination and testis cant be felt.

**-Investigations to do for tumors specifically?**

\*imaging : US. \*Labs:- tumor markers.

**-What they are ?**

B-HCG +alfa fetoprotein +LDH

**-The only negative marker-tumor is?**

Teratoma. -

**-How we stage testicular cancer?**

Abdominal ct -chest x ray -pelvis x ray.

**-Where does testicular cancer metastasize?**

Paraaortic lymph nodes.

**-What is the percentage of having positive tumor markers in seminoma?**

15%.

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**case: 65 year old male pt with weak stream for 2months**

It was gradual in onset

Not associated with fever or chills, no dysuria or hematuria, no discharge

All obstructive luts were positive and some of the irritative as well

This was the first time for the pt

Past medical ,surgical, family and drug history were free

Pt was a smoker

Doctor told me that the physical examination was normal

**Give me 3 ddx ?**

---

**Case: 30 YO male presented to the ER with Dysuria**

No nausea no vomiting no hematuria, no wt loss no fever, most of the LUTS negative except for the poor streaming, positive urethral discharge; big amount yellow does smell

The patient didn't have similar attacks before, was not admitted to the hospital before, no catheterization medically free, surgically free, circumcised, didn't have any kind of trauma

The patient does not take any drugs, does not have any allergy to any kind of drugs, no one in the family has any similar symptoms ,

The patient does not smoke, does not drink alcohol, didn't travel recently,

The patient is not married, asked about it now, but he is sexually active and does have multiple sexual partners

Physical exam normal and asked me to skip it and examine the genitalia, all normal

DDx: urethritis, urethral stricture, meatus stenosis

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**Case: 65 YO male patient came to the clinic complaining of dysuria, skipped the pt profile .**

Most of the LUTS are positive, no associated symptoms, didn't ask about IPSS. Free medical and surgical.

**The doctor said all the physical exam was free, asked what to do next? lab tests PSA**

And ultra sound finding is a slightly enlarged prostate

**Then asked for the treatment : tamsulosin for the symptoms**

---

**Case:65 years old came to the clinic complaining of weak stream**

-You must ask about :

\*LUTS

\*Previous episode

\*If there is any pain>>SOCRATES

**-What's your top dx ?**

BPH

**-How to diagnose?**

IPSS

**-When do you start medication?**

When it's moderate 8-19

**-What drugs do you use?**

Alfa Blockers

5- $\alpha$ -Reductase inhibitors

**-When do you use each ?**

If prostate is small & PSA is low, then use Alfa blockers

If prostate is large & PSA is high then use Combination

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**Case: Male 13 scrotal pain since 1 hour**

no luts no fever no vomiting, you should ask a full history

**He asked for a focused Examination:** genitalia (swollen tender hot red normal hair no dilated veins ,absent reflex, no prhen's, not translucent ,no blue dot) and DRE

3Ddx of acute scrotum

Investigations I said since it is mostly torsion of testis then it's an emergency and I should do scrotal exploration

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**case: Male patient 60 yrs old ,single and teacher**

Came to clinic, having Dysuria since two years ago

By history: all LUTS are positive

No pain, no fever, not smoker, no trauma, no chronic diseases

By physical examination: the abdomen and bladder are normal

No swelling, no masses

Then DRE: the prostate was smooth and have little enlargement

**Then investigation?**

Most important is PSA

**If it was above 10 what is the next step?**

Biopsy it

**Ddx?**

BPH

Prostatitis

Prostate cancer

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**Case: Mohamad is 19 y presented with Right scrotal swelling ,for one month and half**

-increase size with time , painless , no history of previous attack ,

Transillumination (-)

Blue dot (-)

Normal abdominal and genital examination

**Ddx = cancer**

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**Case: male 18 years old with painless scrotal swelling**

I took a full history and he asked for three Ddx

**What are the investigations?**

**What is the difference between a hydrocele and a tumor in palpation?**

**Other differences between them?**

**Ttt of testicular tumor?**

**What is the approach and why? (inguinal approach)**

**What is the most common site of mets?**

## نظام الامتحان:

طالب طالب بتدخلوا على غرفة الامتحان, يكون في مجموعة من الأوراق كل واحدة منهم عليها حالة بتختار حالة عشوائياً والدكتور بخليك تاخذ هيستوري منها وتعمل فيزيكال إكزامينيشن وبسالك أكم من سؤال

مهم جداً دراسة ملف الـ 14 صفحة وجزء اليورولوجي من surgical recall

تجميع الأسئلة من المجموعات (بعد كل خط تجميع مجموعة جديدة):

الممتحن: دكتور حسان خطاطبة

CC: Hematuria

65 y.o male complaining of painless hematuria for one-month duration

History

3DDX

Management:

Imagining study

Laboratory test

Next step after doing TURBT

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الممتحن: دكتور حسان خطاطبة

CC: Left loin pain

Adult Pt comes to ER have severe pain for 2 hours duration

History

LUTS was negative

3ddx

Management:

Imagining study

What is the best for stone 5cm CT scan (With or without contrast)

What is the Treatment

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الممتحن: دكتور مراد بني هاني

1.first case: left painful testicular swelling;

الدكتور بحكي مقدمة عن المريض و بسأل بعدها عن

History of present illness (luts) + physical examination + differential diagnosis +investigation.

2. Second case: right flank pain; as the first case completely in addition to; the dr. Said that the pt. Has right angle tenderness what is your diagnosis

و بضيف شغلة الدكتور انه المريض اجاك عالطوارئ شو بتعمله؟؟ بعطيه nsaid

ليه طيب؟

1.relieve pain

2. Anti-inflammatory (pyelonephritis)

و بحكيك كمان انه صورنا المريض و طلع حجم ال stone كذا كذا شو بتعمله؟ حسب حجمها طبعاً:

Ttt of stones:

1. Conservative (0.5cm)

2.ESWL (1-2cm)

3. Ureterscopy

4. PCNL (اكبر من 2)

5. open surgery

و سألني شو بنقصد او شو بنعطيه بال conservative؟

1.hydratation

2. Alfa blocker

3. Anti-inflammatory

3.third case: left flank pain



نفس اللي قبلها كوبي بيست بس اللي بختلف عمر المريض في جميع الحالات  
و الدكتور عهواه مرة بعطيك اللوتس بوسيتف مرة نيجاتيف مرة ميكس و كذلك الامر بالنسبة للاكزامينيشن و هكذا..  
المهم عنده تكون عارف كل اشي و بالتوفيق

#### 4. Case #4: left painless testicular swelling

الممتحن: دكتور حسان خطاطبة

مريض ذكر عمره ٢٠ سنة عنده weak stream

طبعاً ضروري كثير نسأل عن باقي ال LUTS

عاليستوري تبين إنه عنده straining و عنده frequency (١٥ مرة باليوم) و عنده nocturia و عنده برضه  
feeling of incomplete voiding و intermittency

بس ما عنده أي وجع أو حرقة و مافي دم في البول أو أي أعراض ثانوية

الأعراض بلشت قبل سنتين بعد ما تعرض لحادث سير و كسر في الحوض

مهم تسأل عن الحرارة و وجع البطن و انتفاخه و أعراض ال peritonitis و ال ruptured bladder، بس ما كان عنده أي  
منهم

فهيك بطلع التشخيص (urethral stricture مهم الاسم، الدكتور حاسيني عليه و كان بده كلمة stricture و ما رضي كلمات  
زي "تضييق" أو "إشي ضاغط عال" urethra أو أي إشي ثاني)

سأل شو بنعمل لإله كعلاج و كان بده اسم العملية (بده اسمها بالتحديد و مش وصفها، شكله بركز كثير عالأسماء)

ما عرفت الاسم أنا، بس طلع اسمها urethroplasty

طبعاً في علاج بالأدوية بس هاد لل mild cases يكون، بنعمل dilation لل urethra عن طريق ال alpha blockers و ال  
alpha reductase inhibitors

و في عملية برضه إنه نحط permanent urethral stent بس هاي مش لكل الحالات بتتنفع، الدكتور كان بده أحكيه  
urethroplasty

مريض ذكر عنده weak stream بس هاي المرة العمر 65، طبعاً بتسأله متى بلشت و فجأة و الا تدريجي، بعدين بتسأله عن  
ال luts و كثير مهم تسأله كم يوم خلال الشهر الماضي كنت تعاني من هدول الاعراض (بتسألك الدكتور ليس سألت هاد  
السؤال فبتحكيه بشأن احسب سكوره بال. ipss)

بحكيك شو ال invs اهم اشي تحكيه ال. psa

بسأل كمان متى بعالجه بالأدوية طبعاً حسب سكورات ال (ipss)

وسأل شو ال indication of surgery

Hematuria case

Labs:.....pt, ptt,inr, antidote to warfarin toxicity :fresh frozen plasma and vitamin k

70 years male pt with intermittent painless hematuria

باقى الاشياء كلها negative

هو بخليكم تسالوا والاشياء اللي ما بده اياها بحكيك skip بس لازم تفرجوه انكم عارفين كل شي

سال لكل شي ش و specific واهم شي

بال past medical اهم شي انه تعرض ل trauma او لا و catheter

بال drug anticoagulant

ب social smoking

سال عن investigation شو بنعمل

و treatment اذا طلع عنده bladder mass

اول شي بنعمل TURT بحكيك النتيجة طلع T1 فشور رح تعمل بتحكي intravascular follow up the pt with chemotherapy

اهم شي تحفظوا اسماء العمليات والاختصارات

وادرسوا ١٤ صفحة مع surgical recall

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الممتحن: دكتور حسان خطاطبة

70 years old male patient with weak stream, ask about LUTS, what's the DDX, investigations in case of BPH, he asked about the meaning of IPSS, and what score should we give medical therapy

20 years old male patient with left diffused severe sudden scrotal pain two hours before the admission... associated with redness, swelling in left scrotal... no fever... no hematuria... no nausea or vomiting... no weights loss or dysuria... also no LUTS....

He asks for three differential diagnosis" you must say the most important first"....

Investigations (labs and images) and why we do them..."especially CBC"?

Name three differences between torsion and epididymitis... (we must say the name of signs and how we do them?)

Treatment..."the name of surgery and some details about it"

الممتحن: دكتور مراد بني هاني

كانوا اليوم 4 حالات

1. right scrotal pain in a 13 year old boy: testicular torsion

بتسأل عن كل اشي أهم اشي ال ... LUTS انا الدكتور حكي لي افترض انه عملت Doppler u/s وماكان في blood flow لل خصية شو يدك تساوي ... حكييت بنشيل ال testis اذا خلاص اتاكدا انه خربانه ... حكي كيف يدك تفتح حكييت يااما inguinal incision أو من ال scrotum نعمل exploration حكي طيب شو الطبقات الي رح تفتحها من ال scrotum عددت له ال 6 طبقات الي رح نفتحها من اصل 8 كانه

وهيك بيخليكم تسالوا ال history of presenting illness وبعدين بيحكي لكم كم سؤال عشوائي ..يااما investigations أو Ddx or Rx

2. left scrotal swelling... painless: testicular tumor

سالمهم عن HOPI بعدين عن .... investigations لازم تحكهم كلهم خصوصا ال tumor markers وكم ال Ddx

3. painless gross hematuria: bladder ca

HOPI and investigation

سالنا عن ddx

و عن next step اذا لقينا mass حجمها 1سم والجواب هو

TURT

4. Flank pain: ureteric stone

تسالوا عن كل اشي كمان سأل عن ال treatment and investigation وهاي الأشياء

يعني يحكي الدكتور انه عملت ct scan وطلعت مثلا 1 سم في ال ureter شو هي ال next step

الدكتور جدا لطيف ويحط علامات كويسة

20 years old male pt with right scrotal swelling.

من فترة duration

No pain

No hematuria, dysuria,,, No any associated symptom

It was diffused swelling

No redness, No hotness No dilation of veins and no reducible

It was increasing with time

No luts ولا اي عرض منهم كان عندو

No history of surgery

No drugs

On examination:

No, No By inspection: No  
كلو نورمال ما عادا السويلينج

كمان نورمال ما عادا السويلينج: By palpation:

Negative: cremasteric reflex

prehn's sign, transillumination

no blue dot

لذلك سال ،ايش بنعمل image

Doppler US , Cystourethroscopy , CT

سأل: ايش! ddx

لانه عمره صغير First, we think testicular cancer

Then hydrocele, varicocele , hematocele

بعدين الدكتور حكي لو وجدنا في ال doppler us\mass 2.2cm

ايش هو ال! specific test lab for this case

الجواب هو ( AFP ,HCG ) tumor markers

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الممتحن: دكتور حسان خطاطبة

طلعتنا بالقرعة نفس الكيس لل5 بس كان يغير كمن شغلة بسيطة

Case: 30 yrs old male pt, presented via ER complaining of loin pain 3 hrs duration .

History?

No radiation, associated only with ، SOCRATES -> left, acute, Colicky - hematuria, nth makes it better, 8/10

Ddx?

اهم اشئ تحكي Stones لانه عمره صغير ولا حادث ولا اي حاجة عامل وما عنده حرارة لتفكر اول اشئ ب انفيكشين

Non-urinary: muscle spasm

Best image for stone? CTU without contrast

6l3 el size 7 mm, management?

Conservative: hydration + alfa blocker

Pt comes after a week same complain, management?

If the stone is proximal -> ESWL

Distal -> ureteroscope

بالمف مكتوب flexible بس الدكتور صفن انه متأكدة مش rigid نوت شور اي نوع

Another case the stone was 4 cm

Management? PCNL

ما عندك ادوات بالمستشفى، العمل؟ حوله ع البشير

-

المرة الثانية كان بدون hematuria ولا اي associated symptoms ، سأل عن

Management كاملة

Cbc, UA, KFT, KUB, US, CT without contrast