

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

له السؤال . (طلب الدكتور associated symptoms ذكرت له الأهم المتعلقة بشكل مباشر وبعدين لما سألت عن ال vomiting و nausea وبقية الأعراض الدكتور قاطع بشدة و وقف باقي ال presenting illness وبيقلك ليش بتسأل هذولا الأخيرات كعرض مصاحب مالك علاقة فيه مريضك شكواه مختلفة)

*أعطي أولوية كبيرة قبل كل شيء لل LUTS في الأعراض المشابهة للحالة السابقة، لكن في حالات مثل ال scrotum طلاب نسيوا LUTS وجابوا علامة كاملة.

*عند ال DDx قد يكون عندك عدة احتمالات وقد يقاطعك الدكتور وأنت لسا في ال ddx الثالث وبقالك خلاص إطلع ومايخليك تكمل رغم أنك لسا مذكرت اللي بده الدكتور لذلك لاااa

*إذا كان امتحانك مع دكتور حسان فهو بحب يسال بالمادة النظري فلازم تمر عليها.

****موفقين ان شاء الله****

انا ما اعطاني حالة بلش أسئلة دغري حكالي عدديلي ال luts وحكالي شو الاشياء الي ممكن تاثر على ال voiding stage وكان بهمه احكي stone وسال وين لازم تكون عشان تاثر على ال voiding وحكالي كملي الهستوري كاملة ولما وصلت عند past medical سألني كيف باثر ال dm وال hypertension على ال luts

Case: 40 years old female with rt flank pain

Full history + examination + labs + imaging (US) + ddx (by US 3 cm stone) + ttt

Very important: When entering for stone of infection to ER, we need to give analgesics + drain

Case: 60 years old female pt with dysuria

-you should ask about UTI (fever, pain), weakness of pelvic floor, stress incontinence and LUTS of stones

-perform physical exam

-what are the investigations required?

-what is your Ddx

Case: painless gross hematuria

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)

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)

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

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

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)

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

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

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

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

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?

Para-aortic lymph nodes.

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

15%.

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

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- α 's 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

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

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

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

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?