

Test Bank

Subject:

Sub Surgery-Urology

Collected by:

Amal Awwad

Tharaa Allawama

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TESTICULAR TUMORS:

Q1. The most common testicular tumor in infants and children is:

- a. Choriocarcinoma
- b. Teratocarcinoma
- c. Yolk sac tumor
- d. Embryonal cell carcinoma
- e. Seminoma

answer: c

Q2. Testicular artery comes from? Abdominal aorta below Renal artery.

Q3. Which of the following germ cell tumors is most likely to spread hematogenously?

- a. Choriocarcinoma.
- b. Seminoma.
- c. Immature teratoma.
- d. Embryonal carcinoma.
- e. Teratoma with malignant transformation.

Answer: a

Q4. Old man with testicular mass would have what kind of Tumor?

- a. Seminoma
- b. Lymphoma

answer b

Q5. Most common type of testicular cancer? mixed (mostly)

Q6. Most common testicular tumor in adults is? Seminoma.

Q7. Most aggressive germ tumor: choriocarcinoma

PROSTATE:

Q1. Diagnosis of prostate cancer is confirmed by:

- a. MRI.
- b. CT scan with IV contrast.
- c. TRUS (Transrectal ultrasound)
- d. Urine cytology.
- e. Core needle biopsy.

answer: e

Q2. Not a risk factor of prostate cancer? BPH.

Q3. Patient with metastatic prostate cancer, best thing to do? Start him on anti- androgen therapy (hormonal).

Q4. Hashem is a 70 years old, retired policeman. He had long-standing BPH. He was presented to JUH urology clinic with severe Rt testicular pain for 3 days. Scrotal US showed enlarged Rt testicular and epididymis size. On physical, he has a high-grade fever, Rt side scrotal swelling, redness, hotness, and tenderness, best management?

- a. Percutaneous drainage
- b. Surgical excision and drainage
- c. Observation
- d. Discharge on pain-killers
- e. Admission for IV antibiotics

Answer: e

Q5. which of the following is a uro-selective adrenergic blockers:

- a. none
- b. terazosin
- c. Doxazosin
- d. sildenafil
- e. tamsulosin

answer: e

Q6. Prostate blood supply: inferior vesical.

Q7. Patient of LUTS and signs of BPH, stable with no deterioration of renal function, MANS? – Start him on alpha-blocker

Q8. Patient with BPH with deteriorating renal function, MANS? – TURP.

Q9. Patient with hard prostate on DRE, best thing to do? – TRUS biopsy.

Q10. Most common cause of gross hematuria in men above 50 – bladder cancer.

Q11. Purpose of digital rectal exam for men with LUTS – looking for prostate nodularity.

Q12. Psa normal, RDE no nodules, repeated psa= same number, what to do?

- a. Observe yearly
- b. TURP
- c. Transrectal U/S
- d. CT or pelvis and Abdomen Multiparametric
- e. MRI+ Biopsy

Answer: a

Q13. BPH with elevated creatinine, chronic urine retention, to ER multiple times: do TURP.

Q14. not part of IPSS (international prostate symptom score): incontinence.

RENAL CARCINOMA:

Q1. What is the best investigation to rule out renal tumors? – CT with contrast.

Q2. Wrong about renal tumors? – You can always differentiate between benign and malignant tumors with CT scan.

Q3. Most common type of RCC? – clear cell carcinoma

Q4. Most common bladder cancer histology? – Transitional cell carcinoma.

Q5. The best treatment option for 10 cm Bosniak IV renal cyst is:

- a. Partial nephrectomy vs. radical nephrectomy.
- b. Chemotherapy.
- c. Aspiration.
- d. Radiotherapy.
- e. Observation.

Answer: a

Q6. Case of female with kidney urothelial carcinoma what is the treatment:

- a. Partial nephrectomy
- b. Nephrectomy sparing some nephrons.
- c . Radical nephrectomy with bladder cuff

Answer: c?

Q7. RCC (adenocarcinome) true about it:

- a. It is Radiosensitive
- b. Associated with VHL syndrome
- c. Usually comes with flank mass

Answer: b

BLADDER CANCER

Q1. The mc histologic bladder ca cell type is: *

- a. small cell
- b. urothelial
- c. adenosarcoma
- d. leiomyosarcoma
- e. squamous

answer: b

Q2. Which of the following is not a high-risk factor in urothelial cancer in microscopic hematuria: *

- a. Age younger than 40 years.
- b. Previous urologic surgery.
- c. UTI
- d. Smoking.
- e. History of pelvic radiation.

Answer: a

Q3: What important information is gained from pelvic bimanual examination that cannot be obtained from radiologic evaluation?

- a. Invasion of bladder cancer into perivesical fat.
- b. Presence of bladder calculi.
- c. Presence of bladder mass.
- d. Mobility/fixation of pelvic organs.
- e. Presence of associated pathologic lesion in female adnexal structures.

Answer: d

Q5. Most common presentation in CIS (carcinoma in situ):

- a. line painless gross hematuria
- b. irritative symptoms

answer: b

Q6. Treatment of bladder adenocarcinoma: cystectomy

Q7. T2N0M0 bladder CA: radical cystectomy

Q8. The most common risk factor in transitional cell carcinoma of bladder: Smoking.

Q9. RCC is associated with: von Hippel Lindau

Q10. Priapism is associated with: sickle cell anemia.

Q11. Most common presentation of bladder cancer – painless gross hematuria

TRANSPLANT:

Q1. Kidney transplant survival rates are poorest for which donor categories?

- a. Parents.
- b. Expanded criteria deceased donors.
- c. Siblings.
- d. Standard criteria deceased donors.
- e. Spouse

answer: b not sure

Q2. After kidney transplantation, the most common tumor to occur in recipient? Skin tumor.

Q3. Not cause of chronic renal transplant rejection:

- a. candida albican
- b. Recurrent acute rejections
- c. Small immune trauma
- d. Persistent HTN
- e. Persistent comorbidity (DM,,,,)

answer: a

UTI:

Q1. Most common cause of cloudy urine – Bacterial cystitis(?)

Q2. Acute pyelonephritis – fever, chills, loin pain

Q3. Not urease-producing bacteria? – E. coli.

Q4. Indication for admission of chronic retention: UTI, post obstructive diuresis.

Q5. What does Fr mean in Foley's:

- a. Circumference * 3
- b. Circumference / 3
- c. Diameter * 3
- Diameter / 3

Answer: c

Q6. Easy question about prostatitis what to do? IV abx

INCONTINENCE:

Q1. The most likely cause of continuous incontinence:

- a. Detrusor hyperreflexia.
- b. Noncompliant bladder.
- c. Enterovesical fistula.
- d. Vesicovaginal fistula.
- e. Sphincteric incompetence

answer: d

Q2. Over-active bladder applies to:

- a. over flow urinary incontinence
- b. urinary retention
- c. urgency
- d. Frequency
- e. stress incontinence

Answer : c

Q3: Not a risk factor of stress incontinence – Recurrent UTI.

Q4. 16. Easy case about stress incontinence (Cough , sneeze

Q5. Patient with neurogenic bladder (overactive) which of the following is not part of his workup

- a. Serum creatinine
- b. Urine culture
- c. Urine analysis
- d. Cystoscopy
- e. U/S for tract from ureter and post void volume

answer: d

INJURY:

Q1. Occlusion or injury to a segmental renal artery will cause:

- a. Renal atrophy.
- b. No pathologic conditions.
- c. An effect that depends on the availability of collaterals.
- d. Opening of collateral circulation.
- e. Segmental renal infarction.

Answer: e

Q2. The best treatment for intraperitoneal bladder injury is:

- a. Wait and see.
- b. Laparotomy and repair.
- c. Suprapubic drain.
- d. Urethral catheterization.
- e. Bilateral nephrostomies.

Answer: b

Q3. Which radiotracer is ideally suited for imaging renal scarring?

- a. ^{99m}Tc-MAG3
- b. ^{99m}Tc-DTPA
- c. ^{99m}Tc-sulfur colloid
- d. ⁶⁷ Ga-citrate
- e. ^{99m}Tc-DMSA

answer: e

Q4. Study of choice for kidney trauma – triphasic CT of abdomen and pelvis

Q5. male kicked on left loin blunt renal trauma, CT shows contusion 2cm without extravasation of urine, your next step is

- a. admit and observe vitals
- b. Urgent laparotomy
- c. Discharge
- d. Abx

Answer: a?

Q5. 18. Extraperitoneal bladder injury, what to do?

- a. Surgery to repair
- b. Urgent laparotomy
- c. Cath

Answer: c

INFERTILITY:

Q1. The commonest treatable cause of male infertility is:

- a. Varicocele.
- b. Obstructed verumontanum.
- c. Testicular atrophy.
- d. Testicular tuberculosis.
- e. Vasectomy.

Answer: a

Q2: A30 years old man with azoospermia, normal LH and FSH. He is most likely suffering from:

- a. Testicular failure.
- b. Testicular absence.
- c. Obstructive infertility.
- d. Post mumps testicular atrophy.
- e. Testicular neoplasia.

Answer: c

Q3. Not a risk factor for male infertility? Race.

Q4. Infertility? failure to conceive in 1 year of unprotected sexual intercourse.

Q5. Most volume of semen is from – seminal vesicles

STONES:

Q1. A ureteric stone complicated by pyelonephritis is best treated by: *

- a. Open surgical removal of the stone.
- b. Ureteroscopy and Pneumatic lithotripsy.
- c. Analgesia.
- d. ESWL (extracorporeal shockwave lithotripsy).
- e. Antibiotic and kidney decompression

answer: e

Q2. Most common stone composition? – Calcium oxalate.

Q3. Treatment of a stone in the renal pelvicalyceal system measuring 3 cm is – PCNL.

Q4. Not indication of extracorporeal lithotripsy – renal stone larger than 2 cm

Q5. Abnormality mostly seen in uric acid stones – aciduria

Q6. woman with one kidney and a 9 cm size of stone in mid of ureter what should you do

- a. Insertion of j as soon as possible with ureteroscope or laser
- b. ESWL
- c. Antibiotic

Answer: a not sure

HEMATURIA:

Q1. Patients presenting with gross hematuria in the absence of recent trauma or concurrent infection who are on anticoagulation medications should be evaluated with:

- a. CT urogram, with cystoscopy only if symptomatic.
- b. Assessment of anticoagulation status, and evaluation only if supratherapeutic.
- c. No evaluation is necessary.
- d. Urinalysis, urine cytology, and cystoscopy only.
- e. Urine cytology, cystoscopy, and CT urogram.

Answer: e

Q2. 55 years old M, heavy smoker, with intermittent painless gross haematuria, the most likely diagnosis is: *

- a. Prostatic obstruction.
- b. Tuberculous epididymo-orchitis.
- c. Bladder carcinoma.
- d. Cystitis.
- e. Bladder stone.

Answer: c

Q3. A cause of terminal hematuria: bladder neck and prostate inflammation

Q4. Hematuria vs hemoglobinuria: erythrocytes on microscope

Q5. Terminal hematuria (blood after you end urination)

- a. Bladder calculi
- b. Kidney stones
- c. Urethral strictures
- d. Prostate or bladder neck inflammation

Answer: D

Erectile Dysfunction:

Q1. All of following associated with erectile dysfunction of psychological cause except:

- a. Sudden onset
- b. Young age
- c. Erection in night
- d. Presence of orgasm
- e. Variety in symptoms

answer: e not sure

Q2. During a rigid erection, one of the following is not correct:

- a. corporal pressure increase (to several 100mm of mercury)
- b. sinusoidal relaxation
- c. Dilation of arteries and arterioles.
- d. subtunical venous compression reducing venous outflow
- e. Relaxation of ischio-cavernosus muscles

Answer: e

Q3. With which of the following diseases is priapism most commonly associated?

- a. Sick cell anemia.
- b. Leukemia.
- c. organic depression.
- d. Parkinson disease.
- e. Peyronie disease.

Answer: a

Q4. Wong about physiology of erection:

- a. Penis is supplied by sympathetic and parasympathetic
- b. Sympathetic is for ejaculation and parasympathetic for erection
- c. NO by nitric oxide synthase from L-Arginine decrease Ca^{+} leading to muscle relaxation + increase blood flow PDE5
- d. cGMP produced from PDE5 inhibitor lead to end of erection

Answer: d

TESTICULAR PATHOLOGIES:

Q1. Most accurate way to rule out testicular torsion:

- a. surgical exploration
- b. Doppler U/S

Answer: a

Q2. The best age to do orchidopexy for undescended Testis is:

- a. 3- 4years.
- b. Immediately after birth.
- c. 6-7 years.
- d. No need to do surgery.
- e. 6-12 month

Answer: e

Q3. Factors important to the testis to descend intrauterine are all the following except:

- a. Omphalocele.
- b. Normal growth of the baby.
- c. Preserved of normal abdominal pressure of the baby.
- d. Gubernaculum.
- e. The presence of testosterone.

Answer: a not sure.

Q4. Wrong about varicocele:

- a. More on left side.
- b. Can cause pain in the affected side.
- c. Abnormal dilatation of pampiniform plexus veins.
- d. Can cause subfertility.
- e. Grade 3 always must be treated by surgery

answer: e

Q5. Child has ruptured testis. What to do? Orchiectomy

Q6. fore skin in zipper: bone cutter

Q7. Main blood supply of the testis is? – Internal spermatic artery.

Q8. Not present in the spermatic cord? There is no choices

Q9. If you suspect testicular torsion: exploration. **

Q10. Vas and epididymis are derived from – Wolffian duct

Q11. Cremasteric muscle is supplied by – genital branch of genitofemoral.

Q12. Pregnant lady, U/S showed that fetus has bilateral hydronephrosis. Diagnosis?

- posterior urethral valve

Q13. Testicular torsion all true except:

- a. History of abdominal pain
- b. Doppler US is needed to diagnosis.

Answer: B

Q14. Which of the following is not indication for surgery in VUR

- a. Non compliant to medications
- b. Recurrent infections despite appropriate prophylactic abx
- c. Father preference cuz he dont want his baby to take abx
- d. High grade hydronephrosis

Answer: C not sure

MISSED QUESTIONS:

Q1. Which one of the following predisposes most commonly to renal stones :

- a. Race
- b. Genetics
- c. Hormonal
- d. None of the above
- e. A+C

Answer: b

Q2. Most common renal & uretral stones are :

- a. Uric acid stones
- b. Ca++ oxalate stones
- c. Struvite stones
- d. Cysteine stones
- e. Indinavir stones

Answer: b

Q3. The most common cause of erectile dysfunction is :

- a. Psychological
- b. DM
- c. Vascular
- d. Neurological

Answer: a

Q4. Patient presented with muscle-invasive transitional cell carcinoma of bladder , the Most appropriate management is :

- a. TURBT
- b. Radical cystectomy
- c. Chemotherapy

Answer: b

Q5. The most common presentation of bladder CA is :

- a. Suprapubic pain
- b. LUTS
- c. Hematuria

Answer: c

Q6. A patient presented with intraperitoneal bladder injury , your management is :

- a. Correct the injury (surgery)
- b. Observation
- c. Indwelling catheterization

Answer: a

Q7. From which zone does BPH originate ?

- a. Periurethral
- b. Central
- c. Transitional
- d. Peripheral
- e. A+C

Answer: e (assuming it's the same)

Q8. A patient presented to ER with testicular torsion , your management is: repeated

- a. Doppler U/S
- b. Surgical exploration

- c. Pelvis CT to visualize testis
- d. Conservative management

Answer: b

Q9. 2 month old child was presented to your clinic with unilateral inguinal testis, nothing was abnormal other than this, what to do ?

- a. Orchidectomy
- b. Conservative management with orchidopexy at 2 years old
- c. Orchidopexy before the age of 18 months
- d. Neoadjuvant hormonal therapy with orchidopexy before 12 months
- e. Observation

Answer: c

Q10. The most common cause of UTI in children is :

- a. Streptococcus
- b. Staphylococcus
- c. E.Coli
- d. Proteus , klebsiella

Answer: c

Q11. A patient presented to ER with obstructive pyelonephritis, a CT without contrast was done and revealed : 7mm ureteral stone & hydronephrosis, what to do ?

- a. nephrostomy tube
- b. urgent ureteroscopy
- c. Double – J insertion
- d. Medical expulsion therapy

Answer: a

Q12. The management of renal stone (2.7cm) is

- a. PCNL
- b. Double – J & ESWL
- c. ESWL alone
- d. Observation

Answer: a

Q13. Q70.Organic coz of erectile dysfunction true except:

- a. sudden onset
- b. DM

- c. peripheral vascular disease
- d. inability to sustained erection in?

Answer: a most likely

Q14. Concerning chronic urinary retention all of the following are true except :

Kidney function is always normal

Q15. Testicular cancer seeding is related to which of the following lymph nodes:

- a. Inguinal lymph nodes
- b. Para-aortic lymph nodes
- c. Internal iliac lymph nodes

Answer: b (Retroperitoneal ?)

Q16. The best method to evaluate renal mass is:

- a. CT with contrast
- b. CT without contrast
- c. KUB
- d. IVU

Answer: a

Q17. In patient with primary nocturnal enuresis, the MOA of Minirin (Desmopressin):

- a. Relaxation of bladder at night
- b. Increases bladder capacity
- c. Decreases urine output

Answer: c

Q18. What is PSA(prostate specific antigen) specific for?

- a. prostate CA
- b. prostatitis
- c. BPH
- d. none of the above

Answer: D

Q19. Flaccid penis pain is mostly due to

- a. urethral and bladder inflammation
- b. lower ureteric stone
- c. priapism
- d. peyronie disease

Answer: b (not sure)

Q20.Surgical maneuver: modified retroperitoneal lymph node dissection or something like that (can't remember the stem appropriately) preserves fertility because it spares

- a. seminal vesicles
- b. artery
- c. nerve
- d.postganglionic SYMPATHETIC fibers
- e.parasympathetic

Answer: d

Q21.Which type of stones is not visible onKUB:

- a.uric acid
- b.cystine
- c.calcium phosphate

Answer: a

Q22.What is the most specific thing that will be found in uric acid stones

- a. acidic urine pH
- b. alkaline urine pH
- c. high blood uric acid
- d. low blood uric acid

Answer: a

Q23.The kidney is embryologically from

- a. endoderm
- b. intermediate mesoderm
- c. urachus
- d. urogenital sinus

Answer: b

Q24.What of the following is not a risk factor for stress incontinence

- a. increased age
- b. vaginal delivery
- c. recurrent UTI
- d.cough

Answer: c

Q25. Classical symptom of neurogenic bladder: frequency/urgency

Q26. In the follow up of a patient with neurogenic bladder, all of the following should be done initially EXCEPT:

- a. creatinine level
- b. urinalysis
- c. U/S for upper urinary tract
- d. cystoscopy

Answer: d

Q27. Which of the following cause xanthogranulomatous pyelonephritis?

- a. E.coli
- b. MIRBALIS
- c. klebsela
- d. Pseudomonas

Answer: a

Q28. Which of the following is a cause of terminal hematuria?

Bladder neck/prostate pathology

Q29. Which of the following modalities is the preferred to reveal the anatomic features of Urogenital TB:

- a. Ultrasound
- b. CT
- c. IVU
- d. Retrograde pyelogram
- e. MRI

Answer: c googles says it's the gold standard.

Q30. A man presents with azospermia (count of 5 million/ml). In addition to measuring testosterone, which of the following is the routine initial investigation:

- a. Prolactin only
- b. FSH only
- c. FSH, LH & prolactin
- d. FSH and thyroid

Answer: c

Q31. Which of the following is not part of the normal aging process in males?

- a. Prolonged latency period

- b. Decreased refractory ...?
- c. Decreased tactile sensation
- d. Complete erectile dysfunction

Answer: d

Q32. For long term catheterization we use:

- a. Silicon catheter
- b. dacron
- c. rubber

Answer: a

Q33. Bacteriuria without Pyuria:

- a. infection
- b. colonization
- c. TB

Answer: b

Q34. Which of the following is the most likely cause of nosocomial UTI?

- a. Catheterization**
- b. Surgery
- c. Diabetes

Answer: a

Q35. Ectopic kidney, what happens to adrenals: (I don't think it include)

- a. Same original position in the superior retroperitoneum
- b. along with the renal artery
- c. over the pole of the ectopic kidney
- d. absent

Answer: a

Q36. Papillary transitional cell Bladder CA, didn't invade muscle, what is the management

- a. simple cystectomy
- b. radical cystectomy
- c. systemic chemotherapy
- d. follow up after 4-6 weeks cystoscopy
- e. no follow up

Answer: d (?) (Ideally TRAUP+ intravesical chemotherapy)

Q37. a 16-Year-Old MALE, LUTS, the most important test to do ??

- a. U\A
- b. uroflowmetry

Answer: a

Q38.Kidney weight:

- a. 1200gm
- b. 600gm
- c. 300gm
- d. 150gm
- e. 50gm

Answer: d (81-160)

Q39.Shattered kidney, according to WHO this is classified as a renal injury:

- a. Grade I
- b. Grade II
- c. Grade III
- d. Grade IV
- e. Grade V

Answer: e

Q40.In areas where Schistosomiasis endemic, the most common type of bladder cancer is:

- a. TCC
- b. SCC
- c. adenocarcinoma

Answer: b

Q41.The most common cause of hematuria in a patient above the age of 50: **ca bladder**

Q42.The most worrisome symptom of the following: hematuria

Q43.Most common presentation for UTI: painful urination

Q44.All of the following are classical symptoms of BPH except:

- a. frequency
- b. urgency
- c. nocturia
- d. dysuria

e. weak stream flow

Answer: D is not in AUASI

Q45.Ureteral obstruction: except?

- a. it may cause hematuria
- b. may result in increased BUN and renal damage
- c. it is commonly due to a ureteric calculus
- d. usually relieved by open surgical procedure
- e. it is commonly associated with infection behind level of obstruction

Answer: d ?

Q46.Acute tubular necrosis diuretic phase, most dangerous

- a. hypernatremia
- b. hyponatremia
- c. hypomagnesemia
- d. hypokalemia
- e. hyperkalemia

Answer: d

Q47.Most common cause of Chronic testicular pain (orchalgia) is : (cancelled)

- a. distal ureter stone
- b. hydrocele

Answer: both cause it

Q48.When testicular torsion is suspected, which of the following should be done

- a. wait 24 hour and then explore the symptomatic side only
- b. wait 24 hour and then explore the symptomatic and asymptomatic side
- c. immediate exploration of the symptomatic side only
- d. immediate exploration of the symptomatic side and asymptomatic side
- e. No surgical exploration should be done until torsion is confirmed by doppler US

Answer: D

Q49.Testicular artery:

- a. from aorta above superior mesenteric artery
- b. from aorta under renal artery

Answer: b

Q50.Diagnostic study for stones: non enhanced helical CT scan

Q51.Systemic renin secreted from: Kidney

Q53.Most common source of RENIN is?

- a. Kidney
- b. Liver
- c. Lung

Answer: A

Q54. Patient presented with lower urinary tract symptoms the first thing to do:

- a. Creatinine
- b. Urine analysis

Answer: B

Q55..About renal transplant hyperacute rejection .. true

- a. caused by preformed antibodies
- b. happens during 3-5 days
- c. we can predict it by measuring something

Answer: A

Q56.Hematocoele located in: tunica vaginalis

Q57.Most sensitive Dx test of renal stones

- a. un-enhanced spiral CT
- b. enhanced spiral CT
- c. KUB

Answer: A

Q58. Female with HTN of 2 years duration. treated with diuretics, BP 150\90 .. Na 135

...K 2.7 .. Cr 0.8 ..she has:

- a. essential HTN
- b. hyper aldosteronemia
- c. syndromes ...

Answer: A or B ?

Q59.Most common cause of cloudy urine:

- a. bacterial cystitis
- b. hyperphosphatemia
- c. proteinuria

Answer: B according to dr.B'azl ?

Q60. Drug that proved to prevent urinary retention in BPH is

- a. finasteride (5- α reductase)
- b. tamsulosin (a blocker symptomatic treatment)

Answer: a

Q61. Superficial kidney laceration:

- a. grade I
- b. grade II
- c. grade III

Answer: b

Q62. Male with azospermia ..high FSH LH and low testosterone, the next step:

- a. extraction from testis
- b. testicular U/S
- c. MRI head

Answer: B

Q63. COLONY how many bacteria per high power field (100000/ml):

- a. 1
- b. 2
- c. 5
- d. 8
- e. 10

Answer: C

Q64. Renal cell carcinoma following surgical removal, the most important prognostic factor: pulmonary mets.

Q65. About coordination: pontine micturition center needs contact with what for coordination between external sphincter during voiding and UB contractions?

- a. frontal lobe
- b. basal ganglia
- c. sympathetic
- d. Onuf's center

Answer: d

Q67. Not part of IPSS:: incontinence

Q68. Child with ruptured testis what to do? Orchiectomy.

Before 2004

Q69. Most common cause of primary infertility:

- a. Mumps orchitis
- B. Bacterial orchitis
- C. Undescended testicle
- D. idiopathic hypogonadism

Answer: d

Q70: treatment for carcinoma in situ of bladder ca?

- A. Radical cystectomy
- B. Partial Cystectomy.
- C. Intravesical chemotherapy
- D. IV chemotherapy.

Answer: C

Q71. One is false concerning teratoma:

- A. A-fetoprotein & 8-fICG may be normal
- B. Radiosensitive
- C. Manipulation of scrotal skin may disseminate tumor to inguinal L.N
- D. Open surgery may required for staging

Answer: b

Q72. One not used in testicular tumor:

- A. Chest x-ray
- B. Needle biopsy.
- C. Pelvic CT
- D. Testis US

Answer: b

Q73: false about pyelonephritis:

- A. Cause perinephric abscess
- B. Dysuria is rare
- C. Loin pain
- D. May cause stones

Answer: b

Q74. One is not found in testicular torsion?

- A. Elevate testis

- b. Vomiting
- c. High fever
- d. Onset is very sudden.
- E. Age from 10 yr-puberty

Answer: c

Q75: One is false about priapism:

- a. Glans not affected
- b. Corpus cavernosum not affected
- c. Corpus spongiosum not affected
- D. Acute emergency

Answer: B

Q76. One is not an indication for prostatectomy:

- a. Overflow incontinence
- b. Residual urine >100cc
- c. Uremia
- d. Hydronephrosis
- e) Flow meter <9cc/min

Answer: e

Q77. One will not cause total incontinence:

- a. Prostatic hypertrophy
- b. Ectopic ureter
- c. External sphincter damage
- d. Spina bifida
- e. Spinal cord lesion

Answer: a

Q78. One is not caused by vesicourethral reflux:

- a. Cortical scarring
- b. Dilated ureter
- c. Dilated pelvicalyceal system
- d. Urothelial neoplasm.

Answer: d

Q79. Narrowest part of ureter:

- A. Pelviureteric junction
- b. ureterovesical junction
- c. Where it passes the pelvic brim
- d where it passes the ischial spine

Answer b

Q80. Epidymitis all true except: :

- A. There is usually no pain
- B. Hyperemia of scrotum

Answer: a

Q81. Spermatocoele:

- a. Retention cyst that contain sperm
- b. Usually occur in children

Answer: b

Q82. 30yr old male pt present with hard unilateral testicular mass most likely?

- a. Seminoma
- b hydrocele.
- C. Varicocele

Answer: a

Q83. All present with hematuria except:

- a. Ca prostate
- B. Bladder instability
- C. Stones
- D. Hemorrhagic cystitis

Answer: b (bladder instability = neurogenic, overactivity ...)

Q84. Patient with long standing outflow obstruction may present with?

- A. Stream incontinence
- B. Normal continence
- C. Overflow incontinence
- D. True incontinence

Answer: c

Q85. BPH will have all except?

- A. Poor stream
- b. Dripping
- c. Frequency
- d. Hesitancy
- e. Loin pain

Answer: e

Q86. Right flank colicky pain that radiate to external genitalia has:

- A. Ureteric colic
- B. Appendicitis
- c.Diverticulitis
- D. Gallbladder stone

Answer: a

Q87. Mumps orchitis all except:

- A. Rare before puberty
- B.Usually unilateral
- C. Never lead to atrophy of testis.
- D. Can be' bilateral

Answer: c

Q88. Treatment of choice of one small stricture in bulbar urethra:

- A. Optical urethrotomy
- b. Meatal dilatation
- C. Urethroplasty

Answer: a

Q89. 13. The mechanism by which citrate prevent stone formation is:

- a. Decrease Ca excretion
- b. Decrease oxalate excretion
- c. Complexes to P04
- d. Complexes to Ca
- e. Complexes to oxalate

Answer: D

Q90: The most common organism for symptomatic lower UTI in sexually active female is:

- a. Pseudomonas

b. Strep.

c. E.coli

d. Staph

Answer: c

Q91. Prostate cancer bone metastasis is:

a. Osteoblastic

b. Osteolytic

c. Osteonecrosis

Answer: a

Q92. Mcc of hemospermia? Prostate Ca (I think its more in inflammation)

Q93. All. Can be used in BPH except?

A. Open prostatectomy

B. TURP

C. Ab locker

D.Finasteride

E. Radical prostatectomy

Answer e?

Q94. All are modalities for stones treatment except:

a. U\S waves

b. X-radiation

c. Laser

d. Microwaves

e. Electrohydraulic

Answer: b

Q95. common site of upper urinary tract urothelial cancer is:

a) Renal pelvis &calyces

b. PUJ

c. Upper ureter

d. Mid ureter

e. Lower ureter

Answer: A