MCQS

Pregnant with lower UTi:

Ampicillin

• Dysuria, frequency, urine analysis shows WBCs, leukocyte esterase on stain (not culture) no organism was found, diagnosis: TB, lower UTI

Can TB cause urinary tract infection?

Genitourinary tuberculosis (GUTB) usually involves the urinary tract or genital organs due to the hematogenous spread of chronic latent pulmonary tuberculosis. The diagnosis of GUTB is often delayed due to symptoms and signs often being masked by another disease, usually a urinary tract infection (UTI)

True regarding catheter induced UTI :

Patient with more than 2 weeks on catheter without changing reveals bacteriuria

- Most uti bacteria
- e. Coli
- UTI with knee joint inflammation-

A,B,D ?? 🧐

- 11 month-old girl presents to your office with fever (39.c) for the last 2 days. 3 hrs ago she started to to have vomiting and decrease oral intake, she looked tired and ill. Her exam reveals no focus and moderate to severe dehydration. you suspect UTI
- 19. Her urine culture is positive at 24 hrs, the most likely organism, is:
- a. klebsiella
- b. E. coli
- c. staph. Aureus
- d. proteus
- e. enterococcus
- All the following are causes of sterile pyuria Except:

Kidney stones
Tubulointerstitial disease
Papillary necrosis
Tuberculosis
Acute pyelonephritis

- Patient come with loin pain & fever and costovertebral angle tenderness what's your diagnosis:
- A. Pyelonephritis
- **B.** kidney stones
- C. Nephrotic syndrome
- D. Nephriticsyndrome
- In acute pyelonephritis, which of the following is most commonly associated with bacteremic spread from a distant focus?
- a. Escherichia coli
- b. Proteus sp.
- c. Staphylococcus aureus
- d. Serratia sp.
- e. Enterococcus sp.

Mini-OSCE

Urine analysis:

protein –ve , Glucose +2

RBC 8 cells/uL , leukocytes 25/uL

60 years old male complaining from abdominal pain and dysuria the most likely diagnosis is:

- A. UTI
- B. Bladder stone
- C. Bladder tumor
- D. Rapidly progressive GN
- E. Tubular necrosis

• Patient come with lower abdominal pain and burning sensation during the urination ,RBC and WBC and nitrate were postive

- 1) What is your diagnosis? UTI
- 2) if he presents with recurrent symptoms what you will order?(renal biopsy/ Bun cr ratio / urine osmolarity.....)
- 3) give 3 line of treatment (antibioty/iv fluid ...) + pain relief

14-A19 year old female patient is presented to the emergency department with abdominal pain of 1 day duration along with nausea, vomiting and generalized Weakness. Her mother reports 3 days of dysuria and suprapubic pain treated At home by amoxicillin without improvement. The underlying cause of her presentation is most likely?

- a. Extensive hyperosmolarity
- b. Constipation
- c. Starvation
- d. Urinary tract infection



e. Missed insulin dose

