



Urology
Archive Rouh

8th group
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Q1

- Fill in the blanks with the most appropriate term from the following list

(Acute urinary retention / Chronic urinary retention / Watchful waiting / peripheral zone / Transitional zone / Palliative care / retrograde urethrography)

1) Post-obstructive diuresis that occurs after insertion of a Foley's catheter is most commonly seen in _____.

2) In patients with prostate cancer and a life expectancy of < 5 years, the preferred management option is _____.

3) Prostate cancer most commonly arises from the _____ of the prostate gland.

4) The condition characterized by a sudden irresistible desire to void is called _____.

5) The best way to diagnose urethral stricture is _____.

Q2

WRITE THE BEST TREATMENT FOR:

ASYMPTOMATIC WITH STONE --> CONSERVTIVE + ALPHA BLOCKER
UPPER URETER + STONE 3MM--> ESWL
LOWER OR MID URETER + STONE 6MM--> URETROSCOPIC
RENAL STONE + 3CM STONE --> PCNL
RENAL STONE... ENDOSCOPY/ESWL NOT AVAILABLE --> OPEN SURGERY

Q3

A 65-YEAR-OLD MALE PATIENT WITH BPH (PROSTATE SIZE \approx 70 G) HAS BEEN ON AN α -BLOCKER AND FINASTERIDE WITH NO CLINICAL IMPROVEMENT. HE CONTINUES TO COMPLAIN OF SIGNIFICANT LOWER URINARY TRACT SYMPTOMS (LUTS).

A) MENTION TWO INDICATIONS FOR SURGICAL INTERVENTION IN THIS PATIENT.

B) THE PATIENT UNDERGOES TURP. DURING THE PROCEDURE, HE DEVELOPS HYPERTENSION, BRADYCARDIA, AND HYPONATREMIA. WHAT IS THE NAME OF THIS CLINICAL CONDITION? EXPLAIN THE CAUSE BEHIND IT. HOW IS IT MANAGED?

a) failure of treatment

Recurrent UTI

B)- TUR Syndrome

-use hypotonic solution (glycine)

- diuretic (furosemide)

Q4

7. A 16-year-old boy presented with sudden severe left testicular pain and swelling for 3 hours, associated with nausea and vomiting. There is no history of trauma or urinary symptoms

1) 4 things in Hx of epididymitis

2) 4 things in Ex of torsion

3) best diagnostic imaging

Answers

1) Four things in history of epididymitis:

1. Gradual onset of scrotal pain (not sudden).
2. Associated urinary symptoms – dysuria, frequency, or urethral discharge.
3. History of recent urinary tract infection or sexually transmitted infection.
4. Fever or chills (systemic signs of infection).

2) Four things in examination of torsion:

1. High-riding testis with horizontal lie.
2. Severe tenderness and swelling of the affected testis.
3. Absent cremasteric reflex on the affected side.
4. Negative Prehn's sign (no pain relief on elevation of testis).

3) Best diagnostic imaging:

- Color Doppler ultrasonography (to assess testicular blood flow).

Q5

34 yo woman with 5 children came to urology clinic, complaining of passage urine when she cough

- 1- Most likely her type of incontinence is?
- 2- Pathophysiology of this condition:
- 3- Mention other types of urine incontinence.

Answers:

- 1- Stress incontinence
- 2- Urethral hypermobility secondary to multiparity (i.e., damage of the pelvic floor muscle levator ani and/or the S2-S4 nerve roots) **Increase in intraabdominal pressure (e.g., from laughing, sneezing, coughing, exercising) → ↑ pressure within the bladder → bladder pressure > urethral sphincter resistance to urinary flow
- 3- overflow, urge, mixed, functional, true.

Q6

-what is grade 2 of renal trauma?

-2indication to repeat imaging?

-!ureter injury اتوقع كان شو بتعمل عملية اذا عنده

Q7

-Name of device: vacuum

-2complication of it: cold

sensation/bruising/numbness

-2contraindication to do penile prosthesis

sever psychiatric/active infection

poorly controlled DM



Q8

-Mention 4causes for HTN in Renal .c.c:

renin secretio/parynchymal compression

AV fistula/polycythemia