TEST BANK

Doctor 2019

SUBJECT:

OPTHALMOLOGY & UROLOGY

018 MINIOSCEs Collection

COLLECTED BY :

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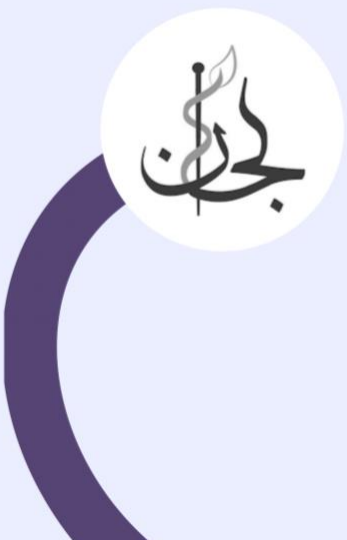
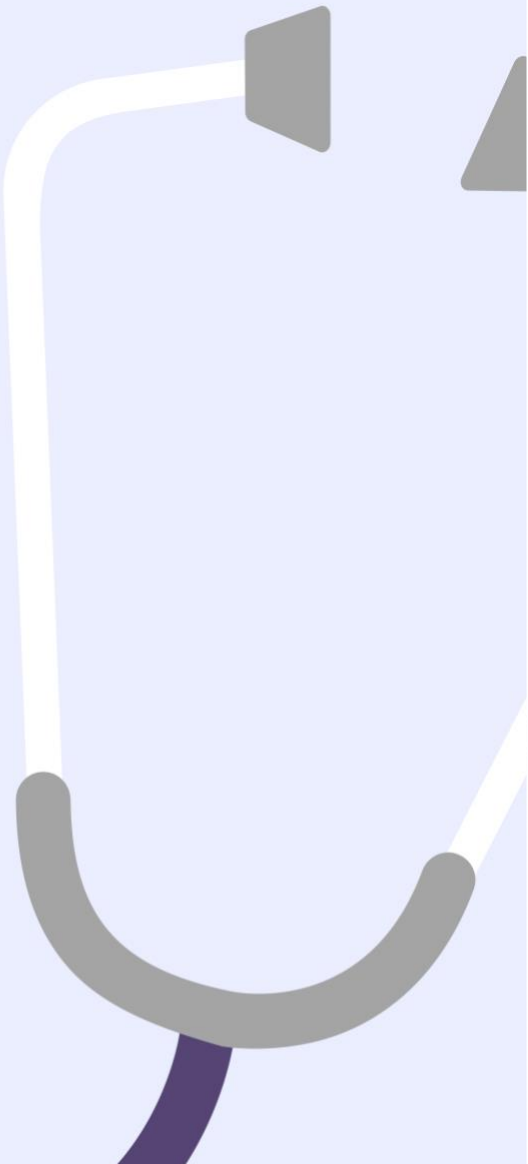


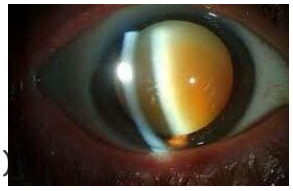


OPHTHALMOLOGY MINIOSCES 018

Q1:

- Symptoms :
- Diagnose:
- Treatment :

Q2:



- What is your diagnosis : nuclear cataract
- Treatment :
  in it was affected pt life→surgery (phacoemulsification , ECCE , ICCE)

Q3:

- Most dangerous DDX :
- Treatment :

Q4:

picture of proliferative diabetic retinopathy

- Findings:
  -neovascularization
  -cup:disc ratio increase
  -retinal photocoagulation marks (brown dots all over the retina)
- Give diagnosis: _*proliferative*_ diabetic retinopathy

Q5:

picture of Unilateral exophthalmos + lid swelling

- Findings = chemosis , lid retraction , proptosis
- Dx = Graves' disease

Q6:

picture about mature cataract

- Name 2 findings

- Two surgical treatments : phecoemulcification , ECCE

- Most important complications after surgery : endophthalmitis , iris prolapse

Q7:

Picture about basal cell carcinoma in the upper eyelid

- describe

- Most important diagnosis

- treatment

Q8:

picture showing hyphema

- Name 3 findings

- 2 causes of this condition

- treatment

Q9:

Picture showing bilateral proptosis

- Name 3 findings : lid retraction , conjunctivitis , periorbital edema

- Most likely diagnosis : graves

- work up for this patient :

Q10:

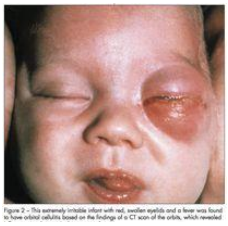
picture about proliferative diabetic retinopathy

- Name 3 pathological findings : cupping , neovascularization

- Most likely diagnosis : PDRP

- treatment : anti-VGEF

Q11:

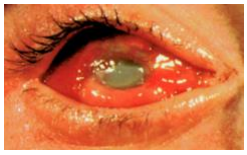


Describe : Left Periorbital swelling and redness with discharge

DDx : Orbital cellulitis, preseptal cellulitis

Management : Admission, IV antibiotic , drainage of abscess

Q12:

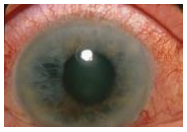


describe the findings: Chemosis, opacification of the cornea.

- Ddx : chemical injury

- management: water irrigation

Q13:



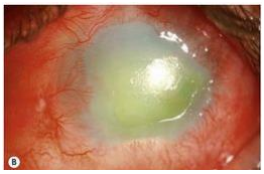
history of a man with severe pain and IOP of 65 mmHg

-Ddx : ACUTE closed angle glaucoma

- Management: timolol drops, prostaglandin drops, YAG laser irodotomy or surgical irodectomy.

Q14:

-Describe : corneal opacification , red eye



-DDX : alkaline injury .

-treatment plan : irrigation by water at least 30 min .

Q15:

-Describe : hard exudate , splinter hemorrhage

-2 DDx : NPDRP, ?

-management : control DM and control other associated diseases .

Q16:

2 causes of leukocoria in a 5 years old patient other than cataract : retinoblastoma , ROP

2 contraindications of LASIK surgery : KC , ?

2 side effect of Acetazolamide

2 causes of Abducent nerve palsy : increase IOP , Vasculitis .

2 causes of anisocoria :

2 side effects of topical prednisolone :

2 causes of hypermetropia in a 6 years old boy :

2 risk factors of sudden painless vision loss (retinal detachment) : papilledema , subacute closed angel glaucoma.

2 management of keratoconus other than 2 hard contact lenses : corneal graft , , corneal cross linking .

2 Post-op cataract surgery complications of one day other than infection (endophthalmitis) : iris prolapse , vitreous loss .

Q17:

1.Name three pathological findings : Hypopyon, white corneal opacity,

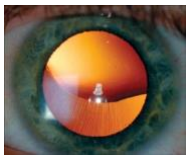
ciliary flush

2. What is the most likely diagnosis? Bacterial keratitis .

3. What is the treatment? Topical Broad spectrum Abx .

Q18:

1. What is the diagnosis : Ectopia lentis



2. Mention three possible causes : Ocular trauma, connective tissue

diseases such as Marfan syndrome, metabolic diseases such as homocystinuria

(Note: homocystinuria causes inferior (and medial) displacement of the lens while the image showed superior displacement, but I believe the question intended to ask about the general causes of ectopia lentis and not the causes of the specific direction of displacement shown in the image)

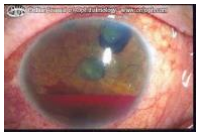
Q19: pic of PDRP

1.Name three pathological changes in the image : Microaneurysms,

dot and blot hemorrhages, neovascularization of the retina
(there may have also been cotton wool spots)

2. What is the diagnosis : Proliferative diabetic retinopathy

Q20:

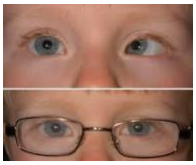


1. Name two pathological findings : Hyphema, ciliary flush .

2. Mention three causes : trauma , Sickle cell anemia , rubeosis iridis .

Q21:

1. What is the finding in this image : Esotropia in the left eye

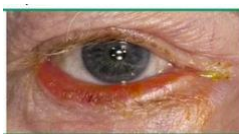


2. After considering the lower image, what is the diagnosis?

Accommodative esotropia secondary to hypermetropia

Q22:

Diagnosis



- Mention three symptoms

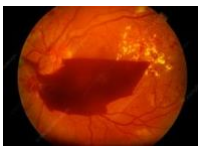
- Mention 2 lines of treatment

Q23:

What is the most serious differential diagnosis

- How would you manage this patient

Q24:



- Mention three abnormalities

- Mention two lines of management

Q25:

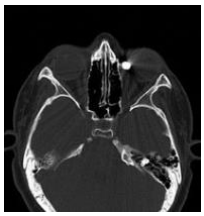
A case of cataract underwent catarct surgery. Mention two complications that may occur one day after the operation other than endophthalmitis

Q26:

All of the following can cause optic disc edema except: (this Q was without pic)

- Open angle glucoma
- Hypertensive retinopathy
- CRVO
- Papillitis

Q27:



Ophthalmology collection.pdf - Google Drive

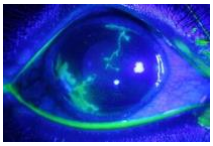
Q28:

Imaging type? Axial CT of the head

[2] Findings? Hyperdense foreign body in left orbital area with radiating beams indicating a metallic nature.

[3] What do you do next? Not sure, i wrote removal of the body

Q29:

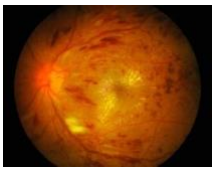


1] Finding? Dendritic ulcer

[2] Investigation used? Fluorescine dye with blue light in slit lamp

[3]Treatment? Topical antivirals (aciclovir)

Q30:



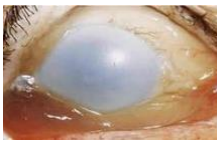
[1] Findings? Microaneursyms, hemorrhages, hard exudates, cotton wool spots

, neovascularization (if present)

[2+3] Give to differential diagnosis and their treatment? PDR -> Laser photocoagulation

NPDR -> AntiVEGF therapy

Q31:



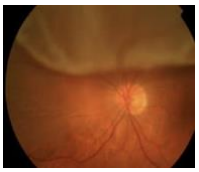
[1] Findings? Opacification of the cornea, white conjuctiva

[2] Possible causes? Chemical burns, alkali

[3] Treatment? Copious irrigation for 30mins-2hrs, topical steroids, cyclopentolate, vit C

Q32:

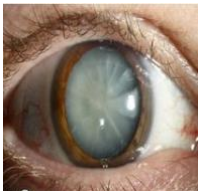
[1] Finding? Retinal Detachment



[2] Symptoms? Floaters, Scotoma, Visual loss

[3] Treatment? Surgical repair

Q33:

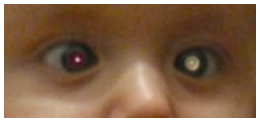


1. Describe what you see.

2. Write 2 treatments for this condition depending on the severity.

3. Write 3 most common AND serious complications post surgery.

Q34:



1. Describe what you see.

2. What's the name of this sign.

3. Write 3 possible causes.

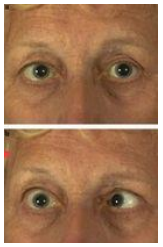
Q35:

1. Describe what you see.

2. Write 2 possible causes.

3. What systemic work up would you do.

Q36:



1. Describe what you see.

2. Write 2 possible causes.

3. What systemic workup would you do.

Q37:

Proliferative diabetic retinopathy picture

1. Write 3 signs you can see.

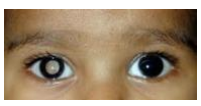
2. What is the most likely diagnosis.

3. How would you treat it.

Q38:

if this is 6th nerve palsy mention two causes .

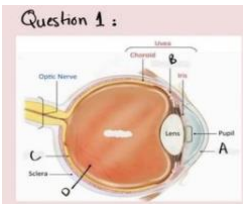
Q39:



mention two causes other than cataract

Q40:

most anterior part of C , and other picture asking about lacrimal sac?



Q41:

- lasik contraindication for a female patient .
- b blocker eye drop contraindication
- causes of sudden painless vision loss other than retinal detachment
- causes of vision loss in graves disease : optic N. Compression & corneal ulceration
- causes of anisocoria : horner's syndrome & adie's syndrome
- causes of myopia in a 33 female pt : D.M , cataract ? Keratoconus

Q42:

- ectropion (describe, treatment)
- cherry red spot (describe, treatment)
- herpetic keratitis (describe, name of test, treatment)
- retinal detachment and tear (describe, treatment)
- intrastromal corneal ring segment (for keratoconus)

Q43:

16 years old boy presented with progressive loss of vision

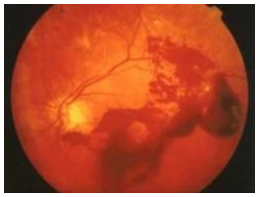
-What is the diagnosis: keratoconus

-Investigation to confirm your diagnosis: corneal tomography

-3 treatment modalities: rigid contact lenses, UVA radiation & corneal graft

Q44:

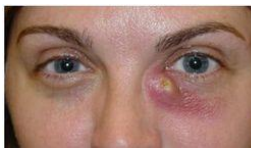
65 year old man presented with sudden painless vision loss



-Cause: vetrious hemorrhage

-Diagnosis: diabetic retinopathy, retinal vein occlusion

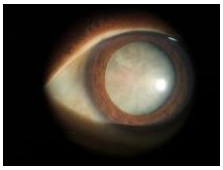
Q45:



Diagnosis: dacrocycstits

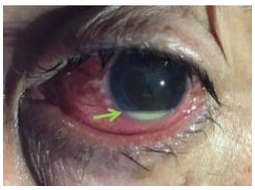
Management: systemic antibiotics

Q46:



- Diagnosis:mature cataract
- Surgical management: phacoemulsification, ECCE
- Complications: posterior capsular opasification, endophthalmitis & retinal prolapse

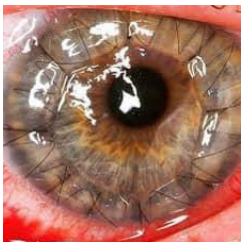
Q47:



-Diagnosis: hypopyon?

-Causes: uveitis, bacterial keratitis & endophthalmitis

Q48:



Corneal graft

- Describe the findings
- Indications for surgery
- Complications

Q49:

- Describe the finding
  white coreal opacity (mature cataract)
- Name the surgical procedure
  Phecoemulsification
  extracapsular Catarct extraction
- Complications of surgery

Q50:

Picture of unilateral proptosis

- Describe findings
- Differential diagnosis
  Graves' disease , orbital tumors, orbital cellulites
- Systemic work up
  Thyroid function test ،cbc , orbital Ct
- Clinical signs(fever)

Q51 :

Case of dacrocystitis

- Describe
- Risk factor to this condition
- Obstruction of nasolacrimal system
- Surgical procedure : Dacrocystorhinostomy

Q52 :

Picture of proliferative diabetic retinopathy

- Describe
- Diagnosis
- Management

Q53 :

1. 2 Causes of leukocoria other than retinoblastoma

2. 2 Causes of hypermetropia in a 5 year old child

3. 2 Side effects of cyclopentolate other than itching and blurry vision

4. 2 Causes of anisocoria

5. 2 Causes of retinal detachment

6. 2 Risk factors for acute angle closure glaucoma

7. 2 Contraindications to LASIK other than keratoconus

8. 2 Causes of 6th cranial nerve palsy

9. 2 Complications of phacoemulsification on the first day post op other than endophthalmitis

10. 2 Management options for keratoconus other than lenses and glasses

Q54 :

What's the most common cause of blindness in diabetic retinopathy?

A. Macular ischemia

B. Macular edema

C. Vitreous hemorrhage

D. Tractional Retinal detachment

Answer: B

UROLOGY OSCES 018

BLADDER CA : ********** عدد النجوم يتناسب طردياً مع عدد مرات تكرار الموضوع وأهميته

- Risk factors for Bladder CA
- How to diagnose it? "Investigations"
- Why do we do cystoscopy?
- Why do we use CT with contrast?
- Management in muscle invasive bladder cancer
- risk factors for bladder Ca.. Take a full history form patient presents to your clinic with hematuria.
- treatment of invasive bladder cancer is (Radical cystectomy in general) but in detail you should say:
  -For males: pelvic lymphadenenctomy with cystoprostatectomy
  - For females: Ant pelvic exenteration
- What are the surgeries used for muscle-invasive bladder CA?
- what is the most important factor for management
- what is the surgery used for renal urotherial carcinoma?
- How to follow up patient with Bladder cancer-Ta
- Modalities of treatment lal muscle invasive
- how treat it? (TURBT) / the roles of this surgery
- Risk factor for Bladder SCC
- Approach to bladder CA
- risk factors of bladder cancer ; most imp one is smoking
- What is the radiological Way to dx bladder ca?

IMPOTENCE : ******

- Patient complains of impotence,take detailed hx,pe,invesx,tx.how to differentiate psychogenic vs organic eractile dysfunction from history?
- History
- Types (organic + psychotic) give 3 differences
- Physical
- Investigations
- Management
- 4 differences between psychogenic and organic impotance by history (1- morning Erection / 2- onset acute in psychogenic, while gradual in organic / 3- if patient is old age with multiple comorbidities its likely organic, while if he's psychiatric patient it's likely psychological 4- if he has multiple wives ask if it happens with one wife or all of them
- Causes of Impotence
- MOA of sildenafil and possible side effect
- Asked about Azoospermia classification
- Physiology of erection

VARICOCELE : *****

- definition
- Indication for surgery
- What is the surgery

- treatment approach
- Full physical exam from head to toe, look for signs of hypogonadism (gynecomastia, testicular atrophy), signs of hypothyroidism, external genitalia (atrophy, palpable vas deferens, varicocele, lumps)

HYDROCELE : ****

- Definition
- Types of hydroele in children
- What is the management
- types of hydrocelectomy

RENAL TRAUMA / GUS TRAUMA *******

- Indication for imaging in Renal TRAUMA patient
- What is the best image
- grades of kidney injury
- Diagnostic tool for kidney injury
- Patient presented to the ER with renal trauma after RTA →Hx ,PE & investigations & surgery
- Patient came to ER after RTA what are the Signs and symptoms that make you suspect renal trauma in this patient? **Gross hematuria , pain and tenderness at lower chest flanks abdomen,, bruises , nausea and vomiting and abd distention to due hematoma
    1. image of choice : triphasic CT with contrast (delayed execratory phase is so important to see if there is extravasation)
    2. other injuries ? Rib fracture ..viscera : liver and spleen
    3. Management : ABCDE and vitals then if hes stable then it depends on the grade:
    4. 1/2/3 and stable :conservative : bed rest . Iv fluid . Antibiotics prophylaxis . Follow up with vitals and labs , angioembolization if needed
    5. If 4/5 and stable : also conservative , ICU admission , follow up with vitals and labs, IV fluids, prophylactic antibiotics , angioembolizayion if needed
    6. If unstable : surgery : renal reconstruction or nephrectomy

SCROTAL PAIN : ***

SENARIO → A pt with acute left scrotal pain came to er

- DdxHx
- investigation (and why
- final Dx

SENARIO → You are the person on call in an Emergency department, A 33 yaer old male came with scrotal swelling?

- DDx?

FLANK PAIN : *****

SENARIO → Patient presented to ER with flank pain

- Take full history

- PP : Age , job , gender (in my case male)

-HPI : SOCRATES

- Physical exam
  - ✓ vital signs
  - ✓ Abdominal exam
  - ✓ Scrotal exam if the pain radiating to genitalia
- Investigations :
  - Labs : (CBC,KFT,U/A,UCx)
  - Images :
    - ✓ Non-contrast CT scan →(If stones)
    - ✓ US (If hydronephrosis)
    - ✓ K.U.B
- If the patient has upper uretric stone (size 10 mm) what to do? Rigid uretroscopy with laser lithotripsy
- What to do in Acute managment : decompression (uretral stent or nephrostomy)

SENARIO →Young man came to the ER with left flank pain.

- What's your top differential and what to do?
- What is the most common cause of this pain?

HEMATURIA : ******

- What is hematuria
- Differential diagnosis of hematuria
- Causes of hematuria
- How 2 confirm that a 6yr old kid with gross hematuria has bladder CA
- Definition of hematuria /incontenance : Definition and its types
- Diagnostic approach
- If a patient comes with grosss hematuria he's 50, investigations you would ask for him
- Dxx of red urine and how to differentiate between urological and nephro hematuria

UTI: *********

- Definition
- Types of UTI & define them
- What is the pediatric classification of UTI
- Recurrent UTI definition (how many +ve cultures within 1yr vs how many symptomatic episodes within 1 yr)
- Persistant UTI vs Recurrent definitions
- Patient comes with uti and urge incontinence , what is your management ? (antibiotics , if no improvement look for other causes)

- UTI presentation
- what do you call the presence of pus in the kidney? How do you treat it?
- what do you do if a complicated -pyelonephritis with kidney stone came to ER--urgent Double J or Nephrostomy
- asked me what is a feared complication of complicated pyelonephritis with a kidney stone--pyonephrosis
- how do you treat pyonephrosis---percutaneous nephrostomy
- What is the presentation of the following infections (OSCE STATION CONSIST OF THE FOLLOWING QUESTIONS)
    - ✓ Cystitis
    - ✓ Acute pyelonephritis
    - ✓ What is the management of acute pyelonephritis?
    - ✓ What is the case that you consider acute pyelonephritis as an emergency ? when there is obstruction
    - ✓ How you treat both of them?
- Emphysematous pyelonephritis… its definition and which patients usually get it (pts with Dm) and tx
- Xanthogranulomatous pyelonephritis…
    - ✓ definition
    - ✓ how it appears on ct scan (what's the sign's name… bear's paw sign)
- Clue about uti/sepsis, a patient with fever must have immediate intervention (double J, nephrostomy)
    - ✓ what about investigationss?

INCONTENANCE : *****

- Types
- Definition of each type
- Definitions of incontinence, stress incontenence
- Methods of treatment
- Types of surgeries in stress inconsistency
- Names of receptors
- Urge incontinence and what is the most common cause (uti) other causes like overactive bladder
- Overflow incontinence (definition)
- Surgical options for treatment of stress incontinence?
- What is functional incontinence ?
- What are the medical treatment options of urgency urinary incontinence?
- What are the surgical treatment options for stress urinary incontinence?
- What is the definition of nocturia, frequency, urgency, incontinence, hesistancy, and infertility?

BPH: ********* بس مش قد ال BLADDER CA أكيد

- Indication of BPH surgery
- Types of surgeries of BPH
- Differences between radical and open prostatectomy
- Medication for BPH and their side effects
- BPH symptoms
- Treatment
- medical treatment

- surgical procedures
- Obstructive symptoms
- mechanism Of action for BPH drugs
- Side effects for 5alpha reductase imhibitors?
- risk factors
- PSA analysis with interpretation / patient with 8ng/ml history, physical exam, investigation for such complaint (mention risk factors that differentiate prostate cancer from BPH, dont forget to mention to repeat the PSA if it was don't inside JUH) , best imaging modality for prostate cancer (multi parametric MRI), best treatment method for localized prostate cancer is active surveillance and radical prostatectomy.
- why the patient has post void dribbling in bph
- what are the management of mild symptoms of BPH
- Indications for surgeries in BPH
- Types of surgeries
- Indications for subtotal/open prostatectomy
- Types of TURP
- What is hesitancy
- Approch to BPH patient
- Normal PSA?
- What are the surgical options for treatment of BPH after failure of TURP
- What are the indications for open prostatectomy
- what are the indications of surgery in BOO?

INFERTILITY & ERECTILE DYSFUNCTION : ****

- take history
- definition
- etiology
- examples of non-obstructive infertility
- investigations
- instructions for collecting semen
- How to distinguish between obstructive & non-obstructive causes ?! 👉 FSH
- Causes of erectile dysfunction (vascular, endocriopathy, neurogenic, psychogenic.... Etc)
- Physiology of Erection
- (focus on mentioning all the causes as pre-testicular causes , testicular causes , and post testicular causes)
- Difference btw. Primary and secondary male infertility?
- the most commonly done investigation: SFA and asked about some parameters.
- mention the Sperm Retrieval techniques.
- patient with erectile dysfunction (take history , physical examination , investigation , treatment 1st line ,2nd line , 3rd line , compare between psychogenic and organic cause of erectile dysfunction , physiology of erection
- He asked me about Erectile dysfunction (neurophysiology, causes two scenarios one is psychological and the other is diabetic .
- Erectile dysfunction lines of treatment

- Define azospermia and how to test for it
- Causes of azospermia and how to test for them
- First we need to take a thorough history (then he asked me what should we ask for in the history)- any previous children, frequency of intercourse and its relation to the menstrual cycle, erectile dysfunction, signs for systemic diseases (thyroid), scrotal pain, family history of genetic disease, cryptorchidism.
- What investigations? Seminal analysis, hormonal workup
- Parameters of seminal analysis and its cut-offs?
    - ✓ Volume- 1.5 mL
    - ✓ Total count-39 million
    - ✓ Density of sperm- 15 million/mL
    - ✓ Motility- 40% (32% progressive)
    - ✓ Morphology 4% normal

STONES :*******

- Types of stones.
- Treatment of renal stones
- Indications of admission in patients with ureteric stones
- Renal pelvic stone what are the options for treatment (4 options) : flexible uretroscopy with laser lithotripsy / ESWL/PCNL/open surgery
- what are the 3 theories behind the stone formation ?
- One of them is unknown the others Idk
  (But its not urine stasis or crystallization or from obstruction)
- -the presentation of a kidney stone pt ?
  (Sudden flank pain , dysuria, hematuria , LUTS , nausea and vomiting maybe asymptomatic , renal failure if late)
- what are the investigation you would do ?
  Non contrast CT , KUB , US , MRI
    - Why we order US ?
- For pregnant and pediatric pt
    - ✓ what do you see on US ?
    - ✓ How to manage a ureter stone (he didn't specify the size) ?
    - ✓ First Medically alpha blocker , increase fluid intake and analgesia
    - ✓ Or uretroscopy + lithotripsy (laser or pneumatic) or ESWL Or by open surgery if it was large
- Indication of hospitalization in pt with renal stones

RENAL TUMOR : *****

- risk factors of renal cell carcinoma
- How to diagnose RCC and Renal stone
- What is enhancement
- Diagnostic imaging study of choice for renal tumors?
- is the treatment of choice for renal tumors?
- Risk factors for RCC
- what is the gold standard imaging for diagnosis
- what is the most common presentation

- what are the treatment options
- why would you choose ct with contrast
- how could you tell on CT that this is RCC
- how would you differentiate between angiomyolipoma and RCC
- what is the management of RCC with metz
- Treatment of advanced(metastatic) RCC

TESTICULAR CA & BENIGN SCROTAL CONDITIONS :

- Benign scrotal conditions
- Differentiation between benign mass and malignant mass
- Testicular ca history , physical , investigations ….etc
- Spermatocele --> dead semen
- Epididymoorchitis vs torsion (VERRRRRRRRRRRRRRRRY IMPORRRRRRRTANT تكرر كثير))
- testicular torsion types, presentation, pathophysiology, management
- Unusual Feeling in the testis __> tumor specific
- Markers →AFP,B-HCG and LDH
- If both AFP AND BHCG are high=mixed
- Tumor = orchiectomy no biopsy
- Testicular cancer definitive treatment surgery + approach
- Testicular lymph drainage (retroperotoneal ln)
- 2 examples of 5 alpha reductase inhibitors
- Testicular cancer: presentation, treatment, classification (generally)
- Case of acute scrotum
  - differential diagnosis and causes
  - differences between epididymo-orchitis and tortion in history and physical
  -what imaging modality you use to diagnose and differentiate between them
  -treatment of each one
  - if malignancy is a cause, how doescit cause pain : necrosis and hemorrhage

PROSTATIC CA :

- and everything related to PSA and prostate cancer
- international prostate symptom score ? The ranges of the score
- Defention of urinary retention,difference between acute and chronic urinary retention,T stages for bladder cancer ,prostate ca staging scale,prostate ca patient with mets what will you do for him
- Open prostatectomy and its types
- what you know about prostate cancer
- Prostate cancer presentation diagnosis management
- What is the PSA : glycoprotein produced by normal & malignant prostate tissue... Liquefies the semen & dissolve the cervical mucus
  - normal PSA : < 4 ng/ml
- But it depends !!
  - sensitive or specific? Sensitive not specific (can be false negative or F positive .. give ex)
  - to be more accurate : PSA can be related to ? Age , volume , kinetics, free/ total < 20% to suggest a cancer !

- first presentation ? Asymptomatic ! (More common in peripheral zones -- obstruction appears late)

- -TX ?
- For intermediate risk / life expectancy > 10 yrs / localized tumer/ no metz → Radical prostatectomy +/- radiotherapy
- & I added example of cryosurgery & focal therapy... they can be used as well
- Prostate cancer: approach (Hx, PEx (DRE), investogations) management, grading.
- PSA normal value.
- tell me about ✨prostate ca✨
  1-2nd mc cancer in men
  2-mc type (adeno carcinoma)
  3-risk factors (family history, black race, & age)
  4- tell me about psa (what it is and parameters including velocity, ratio, & density)
  5- what would you do for a pt with high psa (multi-parametric mri and dre)
  6-scoring system name (gleason score)
  7- what imaging is used to take biopsy (trus)
  8-definition of incontinence (involuntary loss of urine)

PROSTITIS :

- prostatitis and its types…
- How do patients appear with acute prostatitis?
- And what's the management when causing retention? Suprapubic catheter NOT foley
- Acute prostatitis
- Acute and chronic prostatitis definitions and differences

NEUROGENIC BLADDER & URINARY RETENTION :

- definition
- at what level the lesion might be when the patient has dyssynergia ? (Above T6
- patient came to ER with complete cut of the spinal cord, when we will see the manifestation (he wants timing)? (Around 5-6 weeks)
- SENARIO → 70-year old pt came to the ER with inability to void for 8 hours.
  - ✓ What is the term describing this? Urinary retention
  - ✓ Can it be both painful and painless?
  - ✓ What are some causes of it?

VUR :

- WHAT Is the most common symptom of VUR? Recurrent UTI.
- grades of VUR?
- Definition?
- Is it normal?
- Anti-reflux mechanism?
- Modalities for diagnosis ?
- VCUG with CT or X-ray
- But in peds Radionucleotide cystogram is superior to conventional VCUG with less harmful effects

- Management :
  1-Observational management in details
  2-Surgical management and its indications
  3-Procedures like injection of bulking agents

URODYNAMIC STUDY :

- Urodynamic phase explains
- The difference between screening and early detection in prostate cancer
- The first screeing age
- The second screeing age
- (NGB and UDS)
  He then asked me to explain how the UDS was done (you need to clarify it's three phases: pre-test, filling, voiding). I also had to explain what intra-vesical, intra-abdominal and detrusor pressures are (like how they relate to each other in the equation and how they're measured)

ANATOMY , EMBRYOLOGY & PHYSIOLOGY

- embryology of testes + embryology of female genital system (in details)
- embryology of kidney (in details)
- + which part was the primitive kidney?
- At which level are kidneys found?
- What is the purpose of having kidneys at this level but not in the pelvis for example?
- Question about ectopic kidney....
- layers of detrusor muscle?
- Question about urethra histology...
- Nerve supply of ureters and testes...
- What is the name of the mechanism that is responsible for expulsion of urine into bladder from the ureter?
- What is the blood supply of ureter?
- What is the type of epithelium that is found in proximal convoluted tubules?
- Describe anatomy and physiology of erection.

UNDESENDED TESTIS :

- ✓ prevelance in preterm term and after one year (30%,3%,1%)
- ✓ Managment..
- ✓ Managment if testis is not palpable
- ✓ Operation if testis can not be descended to scrotum in one operation..(two stage fowler-stephens orchidopexy)

FREE QUESTIONS :

- CT imaging (units, degree of enhancement, w/ or w/o contrast) (((((use the correct full terms for procedures and definitions.))))
- What is the physiology of urine
- What is the difference between testicular torsion and epidydimoorchitis ****
- indication of partial nephrectomy
- Complications of using glycine : TUR syndrome (not with NS)
- TUR syndrome on vitals : Hypertension + Bradycardia
- Difference between mono polar and bipolar TURP (Glycine vs Normal Saline)
- Indications for Double J insertion
- what's PSA? What's the normal level? What does an increase in its level indicate?
- What is BCG
- What's TURP syndrome? How do we treat the hyponatremia?
- How to diagnose hyponatremia in physical examination .
- Drugs and occupations associated with hematuria
- what are the lower urinary symptoms
- Bosniak classification
- What are the indications for intervention with a double J?
- define hydronephrosis
- define hydrouretronephrosis
- maneuvers of kidney examination
- how to differentiate between left kidney mass and splenic mass on examination?
- Why fever is important and what's the difference in management between a patient with or without fever?
- Hypospedis: definition, location of urethral opening, what is it called if opening is on dorsal side?
- What is IPSS? What does it stand for? How many categories are included? What symptoms are asked about? It's out of what
- Urology exam.pdf - Google Drive

اللهم علمنا ما ينفعنا، وانفعنا بما علمتنا، وزدنا علما