CONGENITAL DISEASES

1) Horse-shoe kidney is a:
   a) Senile kidney
   b) Hypertensive kidney
   c) Congenitally malformed kidney
   d) Atherosclerotic kidney
   e) Ectopic kidney

2) Adult polycystic kidney is characterized by all EXCEPT:
   a) Inherited as an autosomal dominant trait
   b) Commonly leads to renal failure
   c) Bilateral
   d) Shows multiple cysts communicating with the pelvis
   e) The cysts are lined by cuboidal or columnar epithelium

3) 20% of renal failure in children IS DUE TO
   a) hypoplasia
   b) agenesis
   c) dysplasia
   d) a & c
   e) a & b

4) the site of ectopic kidney
   a) intraperitoneal
   b) retroperitoneal
   c) intra pelvic
   d) none of the above

5) the external surface of adult polycystic kidney

a) bosselated

b) lobulated

c) irregular

d) all of above

6) all of the following are complications of adult polycystic kidney except:

a) hematuria

b) hypertension

c) acute renal failure

d) chronic renal failure

1	C
2	D
3	D
4	C
5	D
6	C

Glomerulonephritis 1

1) A 32-year-old woman presented with puffiness around her eyes and swelling of her lower limbs, 2weeks ago. On physical examination her blood pressure is 140/85 mm Hg. A urinalysis reveals (4+)proteinuria and fatty casts.

Which is she most likely to have?

A) Papillary necrosis

B) Nephritic syndrome

C) Nephrotic syndrome

D) Obstructive uropathy

2) Which of the following is a feature of nephritic syndrome?

A) Hypotension

B) Hyperlipidemia

C) Marked proteinuria

D) Hematuria

E) Pyuria

3) Which of the following electron microscopic features is most likely seen in post-streptococcal glomerulonephritis?

A) Subepithelial humps

B) Subendothelial granular deposits

C) Diffuse linear deposits

D) Mesangial granular deposits

E) Lack of immune deposits

4) Which of the following microscopic features is associated with rapidly progressive glomerulonephritis?

A) Mesangial cell proliferation

B) Normal appearance by light microscope

C) Crescent formation

D) Segmental glomerulosclerosis

E) Diffuse thickening of GBM

5) Azotemia results from elevation of following waste products of protein metabolism, EXCEPT:

A) Blood urea.
B) b-Blood urea nitrogen.
C) Serum creatinine.
D) Uric acid.

6) On glomerular diseases:

A) There are no changes in the histological appearance under light microscope.
B) There may be immune complexes deposited on the glomerulus
C) Nephrotic syndrome is characterized by proteinuria of 1-3g/day.
D) Focal proliferative glomerulonephritis is an example of Nephritic syndrome.

7) The nephrotic syndrome, which of the following is not a feature:

A) May be caused by renal amyloidosis.
B) Is associated with hypolipidemia
C) In children, is usually due to minimal change glomerulonephritis.
D) Is characterized by proteinuria, hypoalbuminemia and edema.

8) Hematuria, hypertension, edema and oliguira are features of:

A) Nephrotic syndrome.
B) Nephritic syndrome.
C) Both.
D) None.

9) In antibody-mediated glomerular injury, Cytotoxic antibodies are directed against the following EXCEPT:

A) Mesangial cells.
B) Visceral epithelial cell glycoprotein.
C) Endothelial cells.
D) Tubular epithelium.

1	C
2	D
3	A
4	C
5	D
6	B
7	B
8	B
9	D

Glomerulonephritis 2

MCQs

1) A 6- year- old girl has had periorbital edema. A urinalysis revealed no glucose, ketones, or blood, but (4+) proteinuria. Microscopic urinalysis revealed fat bodies. She was treated with corticosteroid therapy and her condition improves. What is the characteristic electron micrographic finding?
   a) Fusion of foot processes
   b) Subepithelial electron dense deposits
   c) Subendothelial electron dense deposits
   d) Irregular thickening of the glomerular basement membranes

2) A 37-year- old man recovering from hepatitis B develops renal disease due to deposition of immune complexes formed by the hepatitis- B -surface antigen reacting with antibodies to this antigen. What is the most expected renal changes?
   a) Fusion of foot processes
   b) Tubulointerstitial fibrosis
   c) C)Linear immunofluorescence deposits.
   d) Granular immunofluorescence deposits

3) A 39-year-old man has had malaise and edema of the lower extremities for the past month. On physical examination, his blood pressure was 145/95 mm Hg. Urinalysis showed 4+ proteinuria. His serum creatinine was 2.1 mg/dL. His hepatitis B surface antigen is positive and light microscopic examination revealed thickening of glomerular capillary wall. Which is the most likely diagnosis?
   a) Minimal change disease
   b) Membranous glomerulonephritis
   c) Post-streptococcal glomerulonephritis
   d) Membranoproliferative glomerulonephritis

4) A 32-year-old man diagnosed with AIDS, and also a heroine abuser, presented with edema of the lower extremities for the past month. Urinalysis showed 4+ proteinuria. The disease did not respond to steroid ther Which is he most likely diagnosis?

a) Minimal change disease
b) Crescentic glomerulonephritis
c) Focal segmental glomerulosclerosis
d) Membranous glomerulonephritis

5) Which of the following diseases is associated with tram track appearance of GBM?

a) Poststreptococcal glomerulonephritis
b) Membranous glomerulonephritis
c) IgA nephropathy
d) Membranoproliferative glomerulonephritis
e) Focal segmental glomerulosclerosis

6) Which of the following is a gross feature of chronic glomerulonephritis?

a) Granular surface
b) Easily stripped capsule
c) Well demarcated cortex and medulla
d) Large size
e) Reduced peri-pelvic fat.

7) Which of the following types of glomerular injury characterized by spikes formation.

a) Minimal change disease
b) Membranous glomerulonephritis
c) Post-streptococcal glomerulonephritis
d) Membranoproliferative glomerulonephritis

8) What is the most common cause of nephritic syndrome in children

a) Minimal change disease
b) Membranous glomerulonephritis
c) Post-streptococcal glomerulonephritis
d) Membranoproliferative glomerulonephritis

1	A
2	D
3	B
4	C
5	D
6	A
7	B
8	A
9	

MCQS on ATN & Pyelonephritis

1) All the followings are not true for Acute tubular necrosis (ATN), EXCEPT:
   A) Is associated with hemolytic conditions.
   B) Toxic ATN occur mostly in distal collecting tubules
   C) Is associated with hyperkalemia in the recovery phase.
   D) Is associated with metabolic alkalosis.

2) In ischemic acute tubular necrosis, the following holds true, EXCEPT:
   A) There is dilatation of proximal and distal convulted tubules.
   B) There is disruption of tubular basement membrane.
   C) There is diffuse tubular necrosis.
   D) Tubular lumina contain casts.
3) The most common mechanism in pathogenesis of chronic pyelo nephritis.
   A) Ascending infection.
   B) Reflux nephropathy.
   C) Obstructive nephropathy.
   D) Hematogenous infection.

4) The following factors are predisposing factor to pyelonephritis, EXCEPT:
   A) Diabetes mellitus.
   B) Pregnancy.
   C) Vesico-ureteric reflux.
   D) Males less than 40 years old.
   E) Cystoscopy.

5) All of the followings are associated with acute pyelonephritis,EXCEPT:
   A) Unilateral or bilateral suppuration.
   B) Acute tubular inflammation and destruction.
   C) Glomerular destruction is a common feature.
   D) Due to hematogenous or ascending spread.

1	2	3	4	5
A	C	B	D	C

1-Factors predisposing to pyelonephritis include all EXCEPT:

a. Urinary tract obstruction
b. Urinary tract instrumentation
c. Schistosomiasis
d. Hypertension
e. Diabetes

2- Females are more susceptible to urinary tract infection because:

a. The immune system is weaker in females
b. High estrogen level
c. Low testosterone level
d. Short urethra
e. Higher incidence of diabetes

3- Routes of infection in pyelonephritis;

a. Ascending infection from the urinary bladder
b. Lymphatic spread from the intestine
c. Blood spread from a septic focus
d. All of the above
e. None of the above

4-Thyroidisation is a histologic feature of:

a. Hydronephrosis
b. Pyonephrosis
c. Acute pyelonephritis
d. Chronic pyelonephritis
e. All of the above

1	2	3	4
D	D	D	D

MCQS on Obstructive uropathy

1) All are effects of aberrant renal artery except

a) Hydronephrosis
b) Hydroureter
c) Pyelonephritis
d) Wilms tumor

2) Congenital anomalies which cause obstruction of urinary system are

a) urethral strictures
b) phimosis in males
c) bladder neck obstruction
d) aberrant renal artery causing
e) All of the above

3) All are complications of hydronephrosis except

a) pyonephrosis
b) pyelonephritis.
c) Chronic renal failure
d) Respiratory failure

4) In advanced stage of hydronephrosis the kidney is characterized by

a) progressive blunting of the pyramids apex
b) simple pelvicalyceal dilation.
c) cup shaped pyramids apex
d) Thin walled cystic structure

5) The result of bilateral complete obstruction is

a) Unilateral Hydroureter or hydronephrosis
b) Polyuria
c) Nocturia
d) Renal failure

1- D	2- E	3- D	4- D	5- D

MCQS on Urolithiasis

1) The following is NOT a cause of renal calculi:

a) Vitamin A deficiency
b) Vitamin D deficiency
c) Urinary tract infection
d) Urinary tract obstruction
e) Hyperparathyroidism

2) The following is NOT a type of renal stones:

a) Oxalate stones
b) Urate stones
c) Cholesterol stones
d) Phosphate stones
e) Cystine stones

3) The following type of renal stones usually occurs on top of infection:

a) Oxalate stones
b) Urate stones
c) Phosphate stones
d) Cystine stones

4) The following type of renal stones occurs in the urinary bladder:

a) Oxalate stones
b) Urate stones
c) Phosphate stones
d) Cystine stones

5) The following type of renal stones usually has a stag horn appearance:

a) Oxalate stones
b) Urate stones
c) Phosphate stones
d) Cystine stones

6) The following type of renal stones is radio-translucent:

a) Oxalate stones
b) Urate stones
c) Phosphate stones
d) Cystine stones

7) The following type of renal stones is multiple and spiky:

a) Oxalate stones
b) Urate stones
c) Phosphate stones
d) Cystine stones

8) The following type of renal stones is commonly associated with haematuria:

a) Oxalate stones
b) Urate stones
c) Phosphate stones
d) Cystine stones

9) The following type of renal stones is very rare:

a) Oxalate stones
b) Urate stones
c) Phosphate stones
d) Cystine stones

ANSWERS	
1-	B
2-	C
3-	C
4-	C
5-	C
6-	B
7-	A
8-	A
9-	D

MCQS on RENAL TUMORS

1) The following is a cause of acute renal failure:
   a) Polycystic kidney
   b) Amyloidosis of the kidney
   c) Renal cortical necrosis
   d) Diabetic nephropathy
   e) Systemic lupus erythematosus

2) Nephroblastoma is called:
   a) Warthin's tumor
   b) Wilm's tumor
   c) Benign mixed tumor
   d) Pancoast's tumor
   e) Yolk sac tumor

3) Wilm’s tumor consists of:
   a) Blastematous tissue
   b) Mesenchymal tissue
   c) Epithelial tissue
   d) All of the above
   e) None of the above

4) The blastomatous tissue consists of:
   a) Spindle-shaped cells
   b) Small primitive cells
   c) Small muscle cells
   d) Malignant epithelial cells
   e) Neuroendocrine cells

5) Gross features of renal cell carcinoma include all EXCEPT:

a) It is commonly centred in the cortex
b) It is surrounded by a true capsule
c) It is commonly well circumscribed
d) Cut surface is golden yellow
e) Cut surface shows haemorrhage and necrosis

6) Histologic features of renal cell carcinoma include all EXCEPT:

a) It may show tubular or papillary formations
b) The cells have clear or granular cytoplasm
c) The cells contain mucin
d) The cell may show sarcomatoid appearance
e) The stroma is very vascular

ANSWERS	
1-	C
2-	B
3-	D
4-	B
5-	B
6-	C

MCQS on RENAL Urinary Bladder Diseases

1) Schistosomiasis of the bladder predisposes to:

a) Cystitis
b) Stone formation
c) Bladder carcinoma
d) All of the above
e) None of the above

2) Leukoplakia of the urinary bladder means transformation of the bladder epithelium into:

a) Non-keratinized squamous epithelium
b) Keratinized epithelium
c) Glandular epithelium
d) Atrophic epithelium
e) Dysplastic epithelium

3) The metaplastic lesions which may occur in the bladder epithelium include:

a) Squamous metaplasia without keratinization
b) Squamous metaplasia with keratinization
c) Glandular metaplasia
d) Mesonephric metaplasia
e) All of the above

4) The following is NOT a metaplastic lesion:

a) Brunn's nests
b) Leukoplakia
c) Cystitis glandularis
d) Nephrogenic adenoma

5) The most prognostic factor in bladder carcinoma is:

a) The patient's age
b) The tumor size
c) The depth of tumor invasion
d) The histologic grade
e) The histologic type

6) Adenocarcinoma of the urinary bladder may arise from:

a) Cystitis glandularis
b) Urachal remnants
c) All of the above
d) None of the above

7) Histologic types of bladder carcinoma include:

a) Squamous cell carcinoma
b) Transitional cell carcinoma
c) Adenocarcinoma
d) Sarcomatoid carcinoma
e) All of the above

8) The commonest bladder cancer in children is:

a) Transitional cell carcinoma
b) Leiomyosarcoma
c) Liposarcoma
d) Wilm's tumor
e) Rhabdomyosarcoma

9) The following is NOT a cause of hamaturia:

a) Schistosomiasis of the bladder

b) Renal stones

c) Tumors of the urinary system

d) Congenital polycystic kidney

e) Nephrotic syndrome

ANSWERS	
1-	D
2-	B
3-	E
4-	A
5-	C
6-	C
7-	E
8-	E
9-	E

MCQS on Diseases of Testis

1) Cryptorchidism means:

a) Duplication of the testis
b) Undescended testis
c) Absence of the spermatic cord
d) Hermaphroditism
e) Absence of the testis

2) Mode of infection in gonorrhea is:

a) Ingestion of contaminated food
b) Droplet infection
c) Blood transfusion
d) Sexual intercourse
e) Direct contact

3) Syphilitic orchitis occurs in:

a) Primary stage of syphilis
b) Tertiary stage of syphilis
c) None of the above
d) Secondary stage of syphilis
e) All of the above

4) Tuberculous epididymitis results from:

a) Direct spread
b) Lymphatic spread
c) Blood spread
d) Primary infection

5) Acute non-suppurative orchitis occurs as a complication of:

a) Measles
b) Mumps
c) Tonsillitis
d) Smallpox
e) Chicken pox

6) Granulomatous orchitis usually results from:

a) Tuberculous infection
b) Foreign body reaction
c) Bilharzial infection
d) Sarcoidosis
e) Autoimmune reaction

7) Germ cell tumors do NOT include:

a) Seminoma
b) Sertoli cell tumor
c) Embryonal carcinoma
d) Teratoma
e) Yolk sac tumor

8) The following tumor is NOT malignant:

a) Seminoma
b) Yolk sac tumor
c) Lymphoma
d) Adenomatoid tumor
e) Immature teratoma

9) Seminoma is characterized by all EXCEPT:

a) Never occurs before puberty
b) It may be of the anaplastic or spermatocytic type
c) The stroma often shows epithelioid granulomas
d) It is radioresistant
e) It is the commonest malignant tumor of the testis

10) Teratoma is a:

a) Tumor arising from embryonic cells
b) Tumor formed of tissues derived from ectoderm, mesoderm and endoderm
c) Tumor which is always malignant
d) Tumor which occurs only in childhood

11) The following tumor secretes alpha fetoprotein:

a) Seminoma
b) Teratoma
c) Yolk sac tumor
d) Choriocarcinoma
e) Sertoli cell tumor

12) The following tumor secretes estrogen:

a) Seminoma
b) Yolk sac tumor
c) Sertoli cell tumor
d) Teratoma
e) Choriocarcinoma

13) The following condition is a risk factor of neoplasia:

a) Undescended testis
b) Acute orchitis
c) Epididymitis
d) Syphilitic orchitis
e) Granulomatous orchitis

14) The presence of granulomas in seminoma indicates:

a) Superadded granulomatous lesion
b) Bad immune response
c) Good immune response
d) Spread of the tumor
e) Associated granulomatous infection

15) The following lesion affects the epididymis more frequently than the testis:

a) Acute non-suppurative inflammation
b) Suppurative inflammation
c) Tuberculosis
d) Syphilis

16) The following tumor has the worst prognosis:

a) Classical seminoma
b) Spermatocytic seminoma
c) Combined seminoma and choriocarcinoma
d) Seminoma and teratoma
e) Anaplastic seminoma

17) The following tumor never occurs in infancy

a) Seminoma
b) Mature teratoma
c) Immature teratoma
d) Malignant teratoma
e) Yolk sac tumor

ANSWERS

1-	B
2-	D
3-	B
4-	C
5-	B
6-	E
7-	B
8-	D
9-	D
10-	D
11-	C
12-	C
13-	A
14-	C
15-	C
16-	C
17-	A

MCQS on Diseases of prostate

1) The mode of infection in tuberculous prostatitis is commonly:

a) Blood spread from pulmonary tuberculosis

b) Direct spread from intestinal tuberculosis

c) Direct spread from urinary tuberculosis

d) Blood spread from intestinal tuberculosis

e) Primary infection

2) Benign prostatic hyperplasia is characterised by all EXCEPT:

a) It occurs in old age

b) It affects the peripheral prostatic tissue

c) It is usually severe enough to produce symptoms

d) The prostate is enlarged

e) The affected tissue is firm and nodular

3) The laminated eosinophilic material in the prostatic acini is called:

a) Psammoma bodies

b) Schumann bodies

c) Corpora amylacea

d) Corpora lutea

e) Corpora albicantia

4) Prostatic carcinoma is characterised by all EXCEPT:

a) It is usually adenocarcinoma

b) Gleason's grading depends on the degree of papillary formation

c) Osteoblastic bone metastases

d) High serum level of prostatic specific antigen

e) Common in the periphery of the prostate

5) Bone metastases from prostatic carcinoma are osteoblastic because the tumor secretes:

a) Prostatic specific antigen
b) Alkaline phosphatase
c) Calcium
d) Acid phosphatase
e) Phosphorus

6) child with undescended testis, may suffer from the following later in life:

a) Infertility.
b) Malignant testicular tumors,
c) All of the above.
d) None of the above.

7) A male patient 70 years old, presented with metastatic tumor in the vertebrae, with no evidence of primary cancer. The most helpful method to confirm the prostatic origin of the metastatic tumor is:

a) Ultrasound examination of the prostate.
b) Rectal examination of the prostate.
c) Demonstration of prostatic specific antigen in the metastatic tumor.
d) Prostatectomy.

8) Complications of prostatic hyperplasia include all EXCEPT:

a) Urinary tract infection.
b) Renal failure.
c) Prostatic carcinoma.
d) Urine incontinence.

9) A 80 years old man suffering from urine incontinence and back pain. X ray showed multiple osteoblastic metastatic lesions in the vertebrae. The most possible primary site of cancer is:

a) Renall cell carcinoma.

b) Carcinoma of urinary bladder.

c) Carcinoma of the prostate.

d) Carcinoma of the prostatic urethra.

e) Carcinoma of the ureter.

ANSWERS	
1-	C
2-	B
3-	C
4-	B
5-	D
6-	C
7-	c
8-	c
9-	c