

Emergency in urology.

* Testicular Torsion

Time Factor → Glomerular management

↓ pulls vascularity into
within 6 hours →

gangrenous testis → infarction

early diagnosis → ideal for treatment

↓ inward → outward → Twist

strangulation of blood flow to testis and
epididymis

↓ Testis blood supply

From [1] Testicular artery. From abd. Aorta

[2] artery of vas → inferior vesicular a.

[3] cremastic A → inferior epigastric A.
vesicular.

venous draining

Rt testicular vein $\rightarrow$ directly on IVC

Lt $\rightarrow$ Lt renal vein

venous twisting

spermatic cord is strangulation

17° , 18°

ischemia of testis

within 6 hours

75%

12 h $\rightarrow$ 35-90%

24 h $\rightarrow$ 100%

critical Time $\rightarrow$ 6 hrs

Torsion

Inward $\rightarrow$ outward

Two Type of torsion

intravaginal



* adolescence (13-17 year)

* commonst type

* 90%

↓
testis

extravaginal



Neonatal

9 month - 1st year

?

Tunica vaginalis

↓
Free mobile

Tunica normal

↓
testis

* Congital anomalies

= [Bell clapper deformity]

* history and Examination

→ sudden severe agonizing pain (diffuse)

↳ all scrotum

↳ radiation to epigastrium,

affecting Flank side

↓
no blood supply

abdomen.

low grade fever
 ↳ history of previous Tumor
 ↳ intermittent torsion
 ↳ Partial twisting &
 spontaneous resolved
 recurrent attack
 testicular pain after period.

↳ Examination

- ↳ ① Swelling diffuse
- ② curlying skin (inflammatory process)
- ③ severe tenderness
 ↳ severe pain
- ④ Asymmetrical
- ⑤ affected side higher than normal testis
- ⑥ longitudinal, transverse, oblique

→ elevation of scrotum
 misdiagnosis
 Torsion and epididymorchitis

Torsion → لا اى له مشه بـ (الام)

epididymo-orchitis → لا اى له مشه بـ (الام)

Prehn's sign.

⇒ absent cremasteric reflex ↓

epididymitis infection

orchitis

or

reserved

Negative.

Torsion

له لم كنت بالطباء واجابوا و suspected torsion
لغل للعيان لهذا؟؟

1) history → Pain

sudden onset

character Radiation.

2) + Voiding symptoms →

LUTS

lower urinary tract symptom

epididytis, orchitis

irritative LUTS

urgency
Nocturia

obstructive

reflex epidyd.

3 Fever

4 inflammatory process (Mumps) (Orchitis)

5 Trauma.

Targeted history

Examination:

↳ general

↳ vitals ~ tachycardia ~ fever, Pain

parted elements

high grade fever

neglected torsion ~ duration

infection

gangrenous

low grade fever

local examination

↳ inspection → sign of inflammatory process

Asymmetrical

Sever tenderness

absent of cells

[3] investigation.

lab



CBC → WBC ↑ infection

urinalysis → pyuria

ESR, CRP

Imaging.



colour doplex US

↳ imaging of choice



↑ vascularity (infection)

↓ " (Torsion)

* Don't waste time to

do imaging →

Do exploration

testis with US

- investigation →
- management →

(Bell ---) Congintal affected side

↳ detortion

orchedopexy

↓ gangrane

orchedectomy

black Dusky

hot bath (5-15 min)

fixation

ectomy

(F10) → 40%

1.100

Phimosis

emergency
urgency

retraction

→ pediatric

انقسام

Physiological

Pathological

at birth

adhesion

epithelium,

for skin, glans

ageing

prile growth, erection

separation

separation

separation

سبب

Spontaneous.

↓
نقص (1) %

لجل مقلد

مادة بيضاء في الجلد

Circumcised.

↓
مقشر

Recummal bluntes

→ bluntes xerotics obliterans (B10)

= Penile lichen sclerosis

Treatment

→ ideal mangment → علاج مثالي

→ circumcision

↓

الخارج برفضه حاد لا يفي

perputioplasty → ring → بنوع ال

↓
Incision.

باللوح وبيد سحيفو بالفرق

circumcision indication

indication (باللغة)

hypospadias



mutus on ventral surface

Triade

of penis

[1]

?

[2] ventral fissure reduce

[3] chordea

hypospadias contraindication

creation circum

to new normal location

graft

ventral

paraphimosis →

phimosis emergency

comprised venous dil

edema - Congestion

at: AL

لماذا نحتاج إلى Circumcision وتسمى الخلع

indication. (الأسباب)

hypospadias



mutus on ventral surface



Triade

of penis

[1]

[2]

ventral fissure reduce

[3]

chordea

hypospadias

contraindication of circumcision

creation

Circum

to new normal location

graft

ventral

paraphimosis →

phimosis is emergency

comprised

venous dist

edema - congestion

atrial

↓ blood supply ← pressure

↳ بدخل الرقبة في
Fournier's gangrene ??

↓ risk factor
phimosis.

presentation



swelling



↓ blood (pain)

Ischemic pain.

↓ اسوأ انقاع

Constricted ring → venous → arterial

management → ideal circumcision

(1) Steroid. ← edema ←

↳ first stage

→ delay → surgical management under
anesthesia

pediatric → general anesthesia

ice glove

↓
Gentle is better

hematuria →

presence of blood on urine

micro

macro

Nephrologic

Neurologic

act
urinary

initial

terminal

total

↓

↓

↓

related to

prostate

massive

urethra

trigon

urological nephrology

S to

hematuria

↔

↳

proteinuria

RBC

cast

↳ dysmorphic RBC

pseudo hematuria

→

red discoloration

~~pseudohematuria~~ →

→ emergency hematuria →

history

duration.

severity

...

Emergency hematuria لا يفرز
exclude / i confirm malignancy.

IN

central mass

Kidney

Palpate

Suprapubic area → clot retention →

clot crisis up

obstruction

* Sign of cancer prostate

- ① enlarged
- ② papule nodule
- ③ obliteration of median sulcus.
- ④

* → do bimanual investigation

* investigation

↳ lab

①

CBC, infection

↳, protein

polycythemia

↑ cancer → renalasis

↑ erythropoietin

↳ (Paraneoplastic Syndrome)

② kidney function test

فقط ينظر هائي Sever hematuria
 Normal vital sign
 Normal blood pressure
 Normal urine output

indication of hospitalization

① hemodynamic unstable

② Clot retention



العيار يعني راج اتبعي

? (Pasty Pain)



Three way catheter (large diameter)

3 lobes

الا

عنه الكل

Continuous irrigation



لا تفقد لونه clot لا يفرج لونه

③ Associated Trauma



Grading for CT with associated

Trauma

Acute retention / pass urine

inability to despite strong desire

urethral → short wide

function → for female is

causes →

anatomical →

BOO / bladder outlet obstruction

Fowler's syn. → failure of detrusor

Type ① ② contraction

* functional cause

① underactive bladder (no contraction)

② uncordination between ~~sph~~ detrusor

↓ sphincter

↳ DSP

Detrusor sphincter dyssynergia

↓

supraspinal suprasacral spinal cord injury

presentation

→ severe bursting pain with disne
to urine but unable

کف تعامل ۲

① history

② exmanation 220 values

↓

Supra Pubic bulge

لم طاعتك اخذت مني هبة و الفداء و صبح

جى drainage لولسي catheter

24. 7. 2017
کلیں لو مافات معی اسق بدری کل؟

خود تکی بعد $\suprahypic$ $\rightarrow$

لے اٹا ہے۔ نبیؐ سے ماعت صل: بعد 50 و لا 50

سید محمد

↓

↓
stricture urethrae قَلْب

↳ joined cathode منقطبه

more rigid $\rightarrow$

15 cm

Coude catheter

urethra

Next step

↓

Flexible cystoscope

urethra

under vision

guide wire

catheter

↓

Suprapubic

US

To exclude bladder tumor

Contraindication

Turner

→ بوقت anticoagulation.

polyuric state ← المرن بعد retention بظل ب



Post obstructive

??

longstanding ← لعل

collection L waste product

renal failure

physiology

polyuric

← جيب urine output كثير

replacement electrolyte / fluid

replacement output / hourly

50l. / h