

Urology ...

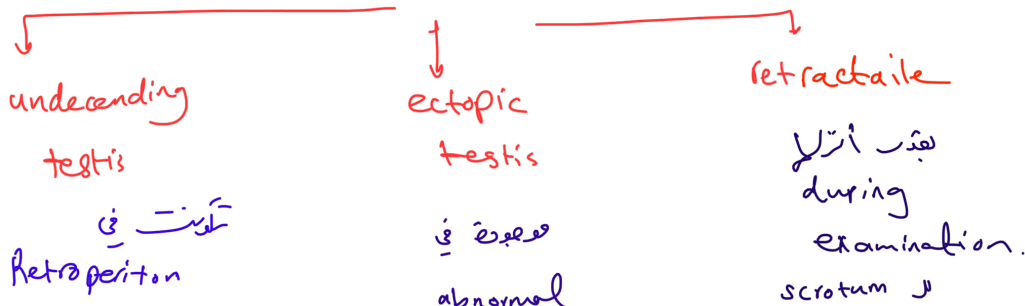
Day 2 .

→ problems in Testis (one testis is not visible)

* first we start by asking about the age of birth



* Does the mother see the testis in the scrotum. * Subjective not objective



Retropertion
"in abdomen"

pathway is normal
internal ring
inguinal canal

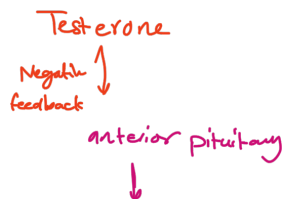
Normal pathway
تأخذ ومانزلت في كيس
Scrotum
undescending

is exposed
abnormal pathway

Testis is not in scrotum
Trial of hormonal therapy.

HCG * human chorionic gonadotropin

Testosterone is inhibited
↳ inhibition by negative feedback



↓ release of LH * works on interstitial cells of Leydig
"which secretes testosterone"

anterior pituitary also release FSH
which works on Sertoli cells → To promote spermatogenesis.

Genital examination:

Inspection

1 penis (centralized or not)

relative tip
non-centralized
is deviated
منه relative tip
منه is deviated

2 average size

3 circumsised.

4 signs of inflammatory process.

5 signs like edema, discharge
Ulcer.

• Location.

6 Meatus. (Normal location is
in the glands)

epispadias اذا لققت شوي

hypospadias اذا لقت شوي

• callipar.

• discharge
(منه)
in
sexually
active
person

Cryptorchidism

• absence of at
least one testicle
from the scrotum.

7 look at each side of hemi-
Scrotum.

Common in the Right
side

as well as, testicular tumor → incidence of
testicular cancer
higher in cryptorchidism

Palpation

1] Tenderness.

2] Consistency → hard → indicate malignancy.
→ firm
→ soft.

3] Size atrophied or not

4] palpate all the scrotum and vas deferens
also →

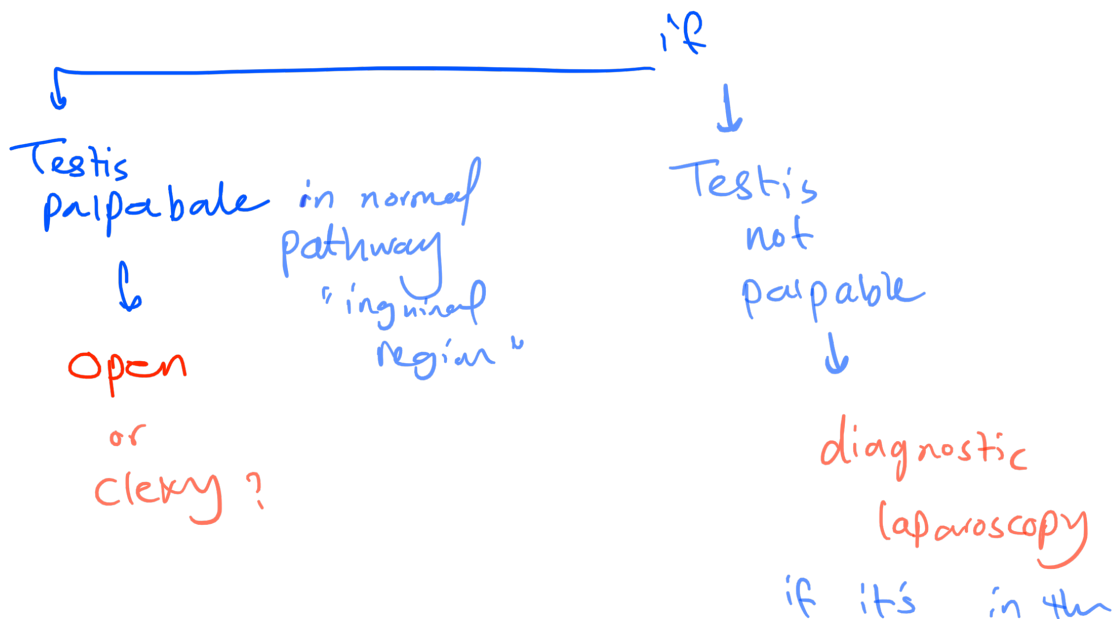
3 नसबंदी
Congenital bilateral absence
of the vas deferens.

CBAVD - cystic fibrosis.

Cryptorchidism :-

Management

→ examination under anaesthesia.



internal ring



نقص test عشاء سوف اذا لمقدر توصيل
او ()

contralateral internal ring

← بالذها في RT side
left side اذا

مصلحت ميزها بعد اعمل تثبيت في نفس
section

← اذا ما توصيل contralateral internal ring
بعمل stage operation

تفاوت ١٢

تكون في vessels stretching
فقطع الـ 80%

وسيل عرفه بـ blood supply

vas deferens والمنقعة الى جدار

بعد ١٢

80% → atrophy of testis **نتيلا**

اذا ما كان مابر atrophy وفاقه blood supply

نتيلا

لكن هذا الموضوع مش موجود عنا حية

نجل

- ① imaging
- ② Trial of hormonal therapy

Nephrectomy $\rightarrow$ Simple $\rightarrow$ Nonfunctioning kidney, benign.
 $\rightarrow$ radical. $\rightarrow$ Malignancy.

duplex $\rightarrow$ complete (2 ureters enter the bladder at different points) $\rightarrow$ Most common congenital anomaly of UT.
 $\rightarrow$ partial. (Single ostium in the bladder)

Upper MOITE $\rightarrow$ "doppler system"
 Lower MOITE

ectopic

obstructed Ureterocele (dilatation)

Normal location

male $\rightarrow$ proximal to the sphincter.
 (vase or urethra, ...)

female

distal to the sphincter

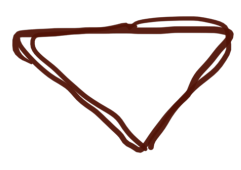
elongated bladder shape. "christmas tree"
 pair of Neurology bladder

upper MOITE goes $\rightarrow$ obstructed
 lower MOITE goes $\rightarrow$ Refluxing

Do not cause incontinence

Do cause incontinence
 (No anal desire, voiding)

Neurogenic bladder :-



$\Rightarrow$ No effective evacuation of bladder.

TTT goals / [1] $\downarrow$ outlet resistance - α blocker

[2] $\uparrow$ contractility $\rightarrow$ "Musclenic" against $\rightarrow$ live live destruction within minutes

Catheter $\leftarrow$ post residual no $\rightarrow$ urine

→ invasive

→ To measure the detrusor pressure.

→ Catheter in ^{or vaginal} Rectum → intraabdominal pressure

Catheter in Bladder → intravascular pressure

$$\text{Detrusor pressure} = \text{Intraabdominal pressure} - \text{intravascular pressure}$$

to exclude MS ← (دفع رولا على طبق جوبي) MS

60% in MS cases first presentation is Urinary tract symptoms (Neurogenic Bladder)

LUTS

"Lower urinary tract symptoms - dysfunction"

obstructive .

→ hesitancy .

"delay of initiation the urination"

الدفع بعد / Normally

بستي على بعد
سوية جالها
نزل .

irritative

(Ston tumor infection or non of them)

Smoker / تمارك

او شرب

كافيه

عيب بالبول مش في الوقت

ordinary.
Contraction
of detrusor
muscle.

→ Urgency

sudden
compelling
desire
to pass
urine
which is
difficult

حاجة للذهاب للحمام الآن

لأنه الانسداد الذي عنده يمكنه
extra ordinary contraction
بعد - رفع البول

→ weak stream.

↳ compensated by

Straining
by abdominal
muscle.

intermittency.

للمريض
بعض
تأدية بعض
على طاقته

→ frequency.

← يزيد عدد الحمام أكثر من المعتاد
تكرار > 6 times
نادر

وإذا طرأ عليه يزيد 5 مرات
عدد الحمام لو كان يزيد
7 مرات ← frequency

→ Nocturia.

لدى أكثر من مرتين بالليل
عنه بعد Urination
(Normal ← مرة واحدة)

→ double voiding

(أحياناً يرجع بعد Urination
within short period)

ومع أنه متأثر بالليل
لو واحد يمتنع عن

Clinical field
دينام بالليل ووقت أكثر من مرتين
Nocturia. فحسب

→ dripping.

Hematuria :-

may happen
due to :-

- infection
- stone
- trauma.

→ first step is to exclude malignancy.

History .

→ personal history

- occupation (environmental risk factors for cancer.)

• لحمية / لحمية ←

- Smoking ?

2

Chief complain.

- pain ?
- bloody urine with clots

3

history of present illness

→ analyses of chief complain.

↳

hematuria that
occurs during
voiding

initial
hematuria.

→ gross hematuria
that occurs
at the beginning
of micturition.
and clears
by end of micturition

→ Usually reflects :- **Urethral**

Terminal
hematuria

→ passage
of blood
during
the last
part of
micturition

Reflects

Total
hematuria

→ passing
of blood
through
out the
entire
micturition

Reflects

injuring
ant. post
any pathology between
triangles, prostate, Bladder Neck.
↓ damage in bladder
• Ureter
• Kidney

→ Ask about the clots

stone like effect
flank pain.
لا يشبه الحصى
يشبه الحصى

shape of clots
we can predict the origin of hematuria

* cylindrical shape → it's in kidney.
* discoid shape → it's in Bladder

نستطيع ان نقول ان هذا يشبه الحصى على اساس التصوير.

→ Ask if the hematuria associated with pain.
• Malignancy usually painless

cause ↓ pain

• advanced malignancy
• clots adherent to near vessels

• infection • stone like effect → obstruction.

no being stone + time of hematuria
Malignancy

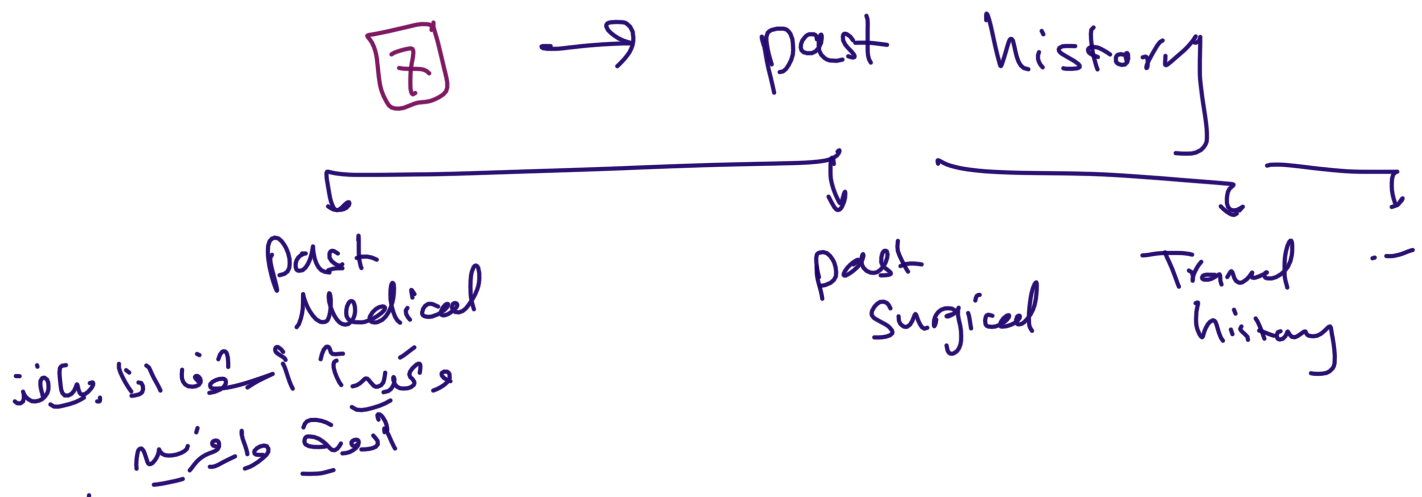
comes first
with hematuria
then pain
• stone like

→ Ask about LUTS.

4 → Ask about previous
similarity episodes.

5 → .function disability
• affection of quality
of life.

6 → Review of system



Second step: examination.

1 general examination.

- cachexia
- pallor (anemia)
- jaundice (liver metast)

