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**TUTORIAL**

**Urology 3 course for students of medical faculty**

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UDC

Bass F.v., Svirenko D.v., Nagornov Pv Iglov Yu.a.

Tutorial Urology 3 course for students of medical faculty

 (ed. Associate Professor Svirenko A.i.-Orenburg, 2015-129with.)

Tutorial to explore Urology contains teaching materials for students of the medical faculty and presented plans for lectures and practical sessions, reflects the basic requirements of the Department for the optimal absorption of knowledge and skills. Program in urology in annotated form is divided into blocks of issues, some of which are studied by students in lectures and practical classes, the other part is yourself. Teaching and research section of training is executed in writing an extended diagnosis "patient-specific, kuriruemomu during the cycle. Test tests and situational tasks allow you to not only learn the subject matter alone, but also to conduct control programmable unified knowledge.

The tutorial is designed for students studying on speciality of higher vocational education: "medical business".

Reviewers:

Tutorial considered and recommended for printing FIGURE OrGMA.

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**INTRODUCTION**

The manual is reserved a significant place for the independent development of theoretical material, learning practical skills survey thematic patients and determine the treatment. The list of questions and refereed research that is large enough and accessible list of literary sources will help students explore the proposed topic. The manual presents numerous tests for different types of students ' knowledge control.

The aim is to give a general idea about Urology, its place in the system of clinical disciplines.

The process study of Urology aims at forming the following competences:

**a) cross-cultural (OK):**

**-** ability and willingness to analyse socially important issues and processes, use the practices of humanitarian, scientific, biomedical and clinical sciences in various kinds of professional and social activities ( OK-1);

-ability and willingness to analyse the philosophical, socially and personally meaningful philosophical problems, basic philosophical categories to self-improvement (OK-2);

-ability and willingness to logical and reasoned analysis, public speeches, debates and controversies, to editing professional content for the implementation of educational and pedagogical activities, to cooperation and conflict resolution, to tolerance (OK-5);

-ability and willingness to carry out its activities, taking into account the social moral and legal rules, obey the rules of medical ethics, laws and regulations on handling confidential information, to maintain medical confidentiality ( OK-8).

**b) Professional (PC)**

- ability and willingness to conduct and interpret the survey, physical examination, clinical examination, results of modern laboratory and instrumental studies, morphological analysis of biopsy, operational and sectional material, write outpatient and inpatient medical card (PC-5);

- ability and willingness to use the methods of the estimation of natural and medico-social factors in the development of the disease Wednesday in adults and adolescents, their correction, to carry out preventive measures to prevent infectious, parasitic and non-communicable diseases, conduct sanitary-educational work on hygiene issues (PC-11);

-ability and willingness to analyse patterns of functioning of individual organs and systems use knowledge of anatomical and physiological foundations, basic techniques of clinical and immunological examination and assessment of functional status the body of an adult and a teenager for timely diagnosis of diseases and pathological processes (PK-16);

-ability and willingness to identify patients basic pathological symptoms and syndromes, diseases using basic knowledge of biomedical and clinical disciplines, taking into account the laws of flow, organ pathology systems and the body as a whole, analyze patterns of functioning of various organs and systems in various diseases and pathological processes, use an algorithm of diagnosis (primary, collateral, complications), taking into account the international statistical classification of diseases and related health problems (ICD), perform basic diagnostic activities to identify urgent and life-threatening conditions (PC-17);

-ability and willingness to carry out adult population and adolescents first medical assistance in case of urgent and life-threatening conditions, in extreme conditions, epidemics in areas of mass destruction hold hospitalization patients in planned and urgency to conduct medical-evacuation activities in an emergency situation (PC-21).

**Tasks:**

-acquisition of a certain volume of theoretical knowledge of students on General and private sections of Urology required public profile doctor for diagnosis and treatment organization or major urological diseases;

-to teach the students of medical algorithms of action when urgent urological conditions;

-teach students the minimum volume of practical skills necessary for examination and supervision of urological patients.

As a result of study of discipline a student must:

***To know:***

-         Diagnostic and therapeutic objectives the main methods of instrumental research urological patient.

-         Summary and separate functional liver samples.

-         The role of cystoscopy in establishing the source of bleeding at the time of hematuria, identifying the causes into severe cystectasia due (stone, tumour, tuberculosis, etc.).

-         The value of ureteral catheterization as definitive medical therapeutic benefits of renal colic.

-         The role of hromocistoskopii in the differential diagnosis of renal colic with acute surgical diseases of the abdominal cavity.

-           The value of bilateral renal pelvis Dilatation Catheter to establish the kind of anurii.

-           The value of the renal pelvis Dilatation Catheter for the treatment of acute pyelonephritis gestational.

-           Rentgenoanatomiju urinary system.

-           Sequence of x-rays for suspected disease of the kidneys and bladder.

-           Diagnostic capabilities review urography and radiopaque research methods.

-           Modern rentgencontrastnye preparations, used for the images of the urinary tract (urography).

-           Indications and contraindications for various methods of contrasting study of the urinary system.

-           Indications for modern radionuclide and ultrasound methods research organs of the urogenital system and diagnostic capabilities.

-           Factors contributing to kidney kamneobrazovaniju and classification of urinary stones.

-           Clinical signs of urolithiasis.

-           Methods of diagnosis of urolithiasis.

-           Complications of urolithiasis.

-           Short methods of renal colic.

-           Indications for and methods of conservative treatment (diet, medication, instrumental treatment, litoliz).

-           Clinical diagnosis and treatment of bladder stones.

-           Division of malignant neoplasms of kidney tumor of renal parenchyma and tumors of the renal pelvis.

-           Clinical symptomatology of malignant tumor of the kidney:

a) renal symptoms;

b) jekstrarenalnye symptoms.

-           Fundamental differences in the diagnosis and treatment of renal parenchyma cancers and cancer of the pelvis.

-           Clinical manifestations of urinary bladder tumors.

-           Features instrumental and radiological diagnosis of urinary bladder tumors.

-           Types of operational manuals for tumors of the bladder.

-           Principles of combination therapy of tumors of the urinary bladder.

-           Activities aimed at early detection of recurrence of the disease.

-           Clinical manifestations of adenoma of the prostate (BPH) and prostate cancer.

-           Identification of stages of prostate adenoma.

-           Complications of adenoma and prostate cancer.

-           Diagnosis of BPH.

-           Treatment of prostate adenoma, depending on the stage of the disease.

-           Assistance in acute delayed urine.

-           Peculiarities of diagnostics (a biopsy of the prostate) and prostate cancer treatment (estrogenotherapy, castration is surgical, pharmacological, surgical treatment).

-           The main factors of etiopathogenesis of pyelonephritis.

-           Classification of pyelonephritis.

-           Clinical symptomatology of acute and chronic, neobstruktivnogo and obstructive pyelonephritis.

-           Significance of laboratory research methods in the diagnosis of pyelonephritis.

-           Signs of acute and chronic pyelonephritis according to x-ray and radionuclide studies.

-           Therapeutic interventions for acute and chronic pyelonephritis. Indications for operative treatment.

-           Principles of antimicrobial therapy of urological patients.

-           Mechanism of development of Nephrogenic hypertension with vasorenal, parenhimatoznoj and mixed forms.

-           The role of sodium balance in the pathogenesis of vasorenal hypertension.

-           Congenital and acquired causes Nephrogenic hypertension.

-           Clinical and evolutive particularities of vasorenal, parenhimatoznoj forms of Nephrogenic hypertension.

-           Diagnosis of Nephrogenic hypertension (lab, rentgenologicheskuju, tool).

-           Methods of treating various types of Nephrogenic hypertension.

-           Classification of renal tuberculosis.

-           Features of clinical symptomatology of tuberculosis of genitourinary system.

-           Principles of laboratory diagnosis of urinary tuberculosis.

-           Sequence of x-rays and radiographic signs of urinary tuberculosis.

-           Indications for conservative and operative treatment of urinary tuberculosis.

-           Principles of dispensary observation of tuberculosis of genitourinary system.

-           Classification of congenital malformations of the kidneys and ureters.

-           Clinical features of obstructive nefropatij.

-           How to diagnose abnormalities of the kidney and ureter.

-           Indications for excretory urography, cistografii and ureteropielografii with suspected abnormalities to the kidneys and ureters.

-           Complications of anomalies of the kidneys and ureters.

-           Indications for surgical treatment of patients with anomalies of the kidneys and ureters, the optimal age for surgical intervention.

-           Types of congenital malformations of the urinary bladder.

-           Types of congenital malformations of the urethra in boys and girls.

-           Types of congenital malformations in the form of infravezikalnoj obstruction.

-           Clinic infravezikalnoj obstruction in young children.

-           Methods of diagnosis of urodynamics at the level of the bladder neck and back urethra.

-           Types of testicular abnormalities.

-           Timing of surgical treatment of children with abnormalities of the urinary bladder, urethra, testicles.

-           Prerenalnye, renal and postrenalnye factors of the OVERVOLTAGE PROTECTION.

-           Pathogenesis Of SPD.

-           Their SPD stage clinical manifestations.

-           Stages of CKD and their clinical characteristic.

-           SPD treatment methods.

-           Methods of treating CKD.

-           Classification of kidney damage.

-           Clinical symptomatology of kidney injury and diagnostic methods.

-           Indications for operative and conservative treatment of kidney damage.

-           Classification of bladder damage.

-           Symptoms and diagnostic methods-and intraperitoneal bladder ruptures.

-           Pathogenesis of urethral damage.

-           Clinic and diagnostics of tearing of the urethra.

-           Principles of surgical treatment of urethral damage.

-           Clinical course, diagnosis and treatment of cystitis.

-           The differential diagnosis of cystitis and forms of cystalgia.

-           The clinic diagnosis and methods of treatment of Hydrocele.

-           Clinical manifestations, methods of diagnosis and treatment of acute epididymitis, acute prostatitis, acute urethritis, acute balanopostita.

-           Clinic diagnosis, treatment fimoza and parafimoza, parafimoza reduction technique.

-           Technique of production of finger rectal.

***Be able to:***

-           Perform catheterization of the bladder in a phantom of various types of catheters.

-           Interpret a variety of cistoskopicheskie paintings (on Phantom and Atlas).

-           The review urogramme to define the contours of the kidneys, line the edges of the psoas major, shadows of the true urinary calculus and other supplemental shade (flebolity, obyzvestvlennye lymph nodes, etc.).

-           Make an excretory urography and calculation of the required number of contrast agent-based, taking into account the body weight of the patient.

-           Make a mikcionnuju cistografiju.

-           Provide first aid in case of idiosyncrasy to slow jodsoderzhashhim medication.

-           Interpret radiographs with contrasting methods (excretory urography with its modifications, retrograde ureteropielografiya, various modifications of cistografii, uretrografii).

-           Assess separate renal function and nature of the pathological process on the results of radionuclide and infrasound research methods.

-           Collect medical history, conduct an objective examination, evaluate data laboratory study urine and blood in a patient urolithiasis.

-           If you have a patient of acute abdominal pain differential diagnosis to conduct aimed at confirmation or exclusion of renal colic, taking into account the skills acquired on the lesson of "clinical evaluation of symptoms in urological patients".

-           Pain kidney colic.

-           On appearance alone off-urinary calculus to determine their predominant chemical composition.

-           Determine the sequence of x-ray, radionuclide and infrasound techniques research for suspected urolithiasis.

-           Assess the status of the urinary tract, identify shadows urinary calculus on the overview picture of the urinary system, exkrethornykh urogrammah, retrograde ureteropielogramme (pnevmopielogramme), cistogramme.

-           Identify the indications for surgery (planned or emergency) and conservative treatment.

-           Palpate and perkutirovat kidney in norm and pathology.

-           Find on urogrammah signs, characteristic of kidney tumors.

-           Define varicocele.

-        Find on cistogrammah and urogrammah symptoms of bladder tumor (distinguish defect path, filling defect of upper urinary tract dilatation).

-           Palpate and perkutirovat region of the bladder.

-           Interpret the cistogrammah adenoma of the prostate.

-           Find prostate cancer metastases in bone on radiographs.

-           Identify hidden lejkocituriju.

-           Interpret the results of bacteriological examination of urine.

-           Applied x-ray research methods for the diagnosis of acute and chronic pyelonephritis.

-           Define the principles of therapeutic tactics in acute, including gestational pyelonephritis.

-           Check out the recipes for the most commonly used drugs in the treatment of inflammatory diseases of urogenital system.

-           Measure your blood pressure in various provisions of the patient's body (while lying down, standing, after physical exertion).

-           On characteristics of urine analysis, anamnesis and clinical manifestations of suspected tuberculosis of genitourinary system.

-           The male genitalia by palpation to determine characteristic of tuberculosis changes.

-           Plan your child and adult surveys with suspicion on malformation of the kidney and urinary tract.

-           An inspection of the diagnose bladder jekstrofiju, jepispadiju, gipospadiju.

-           To distinguish anuriju from acute urinary retention in an objective examination of the patient and, through additional research methods.

-           By the number of allocated patients SPD urine set its stage.

-           Interpret the results of blood biochemical research (elektrolitny, KHR, giperazotemia) to determine the stage of CKD and ARF.

-           Interpret radiographs of patients with injury of the urinary system.

***Own:***

-           Survey and survey of patients with urological diseases.

-           Including palpation of the kidneys.

-           Symptom definition Pasternackogo.

-           Percussion and palpation on the bladder.

-           Including palpation of the external genital organs in men.

-           Technique analysis on urine collection men and women.

-           Evaluation of peripheral blood and blood biochemical data (urea, creatinine, bilirubin, glucose).

-           Assessment of General urine analysis, examination of urine by nechyporenko, General, Rehberg.

-           Evaluation of urine test for sterility.

-           The use of clinical symptoms and the choice of tactics of patients with major urological diseases (oncological, inflammatory lesions of genitourinary system).

-           Use of endoscopic, ultrasound and x-ray studies in the treatment of urological diagnosis.

-           Selection of optimal drug therapy of inflammatory diseases of the IPU, issuing prescriptions for essential medicines (antibiotics, uroantiseptiki, phytotherapy, npvs, antispasmodics, analgesics).

-           Bladder catheterisation rubber catheter (form).

-           Writing an extended diagnosis "patient.

**Principles of education of medical ethics**

Unlike deontology (principles of relationships with the sick physician), medical (medical) ethics governs the principles of relationships of physicians (medical workers).

1. Tactfulness, politeness, lack of arrogance, zaznajstva in relationships-necessary attributes of culture. Consolidate unity within the collective, mutual support, mutual assistance.

2. Respect to work colleagues, another worker, regardless of his age or official rank is and respect for its own work, the basis of mutual respect.

3. Be tolerant of dissent, respect other's opinion, always izvlekaj from it useful, learn from everyone with whom you communicate. the pupil, a colleague is always the teacher.

4. Whether it's critical to yourself, honest, always consider any criticism, izvlekaj out of it rational, learn to recognize their mistakes. Not ye must have faith in their exclusivity.

5. Keep the dispute "in the search for the truth, and be tolerant, self-controlled, tactful, defend their views calmly (" If you're angry, then you're wrong! "). Polemiziruj arguments, logic and not emotions. You are not better than their colleagues, not pereocenivaj itself, stamp out ambition, vanity, overconfidence. Soothe its pride.

6. Develop professional creativity, activity, creativity.-learn to doubt more often sovetujsja with colleagues. Remember: doubt-the path to truth. "

7. Learn to be magnanimous, goodbye petty grudges, mistakes of colleagues. "do not make a mountain out of a molehill." Not razduvaj conflict, seek ways of understanding for business use. Distinguish the "principles" and "trivia", not podmenjaj one another. Integrity-only as a matter of principle! Reliance medical conscience.

8. "Honor your teacher!". Learn even in his errors, as well as the mistakes of others. This saves you from many of their own.

9. Flattery, sycophantic relationship with the doxology to the upstream, humiliates, contributes to dishonour, the collapse of the team.

10. Each colleague more positive than negative-search in another positive, lean on dignity, help get rid of vices. Learn to Keep both. unselfishness, medical humanism.

**FEATURES A SURVEY OF UROLOGICAL PATIENTS**

Urological patient survey is carried out according to the General rules. It is necessary to collect history, given the importance of heredity, migrated earlier diseases, including releases and urogenital system, urinary stones, etc. when determining complaints should pay attention to the nature of the pain, derangements urination, change of urine, diuresis.

All methods of an objective study that students have mastered the propedevticheskih departments. When an external examination of the patient, attention is drawn to the possible existence of a swelling in the lumbar area, which can be paranefrite, tumors or injury to the kidney. Swelling, konturiruemaja over the vagina can occur in crowded bladder. To determine the bounds of the swelling you can use including palpation and percussion. Inspection of the external genitalia phimosis can be identified, balanopostit, vodjanku testicle and swelling his urethra abnormalities. Palpate the kidneys should be patient in various positions: horizontal, vertical and on the side. You can identify an increase in kidney or its pathological mobility, tenderness. By palpation of the organs of scrotum should pay attention not only to the existence of both testicles in the scrotum, their possible increase or decrease, but also on the consistence and tenderness.

Palpation of the prostate must be done on the special form available at the Department.

In addition to laboratory research in urological patients according to requires special laboratory examinations.

**INDEPENDENT WORK OF STUDENTS**

**The goal of independent work of students** -understanding, deepening, broadening knowledge on Urology, mastering the necessary skills of independent work with various sources of knowledge, shaping practical and research skills.

Implementation of tasks carried out in four main ways:

1. Obtaining, deepening and consolidating knowledge on a major and complex course, however, previously presented at the lecture, for further refining at practical classes.

2. Familiarization with relatively simple material which then systematized and generalized lecturer during lectures or practical exercises.

3. Independent study of selected topics covered in the course, but have no place in the records of the lectures and practical exercises.

4. Consolidating and improving their knowledge and skills in practical work to the extent necessary for a general practitioner, by an independent supervision of patients.

**Organization, conduct and supervise independent work**

Independent work of students shall be adjustable. Lead teacher. He performs tasks generator periodically consultant and, in certain cases, reviewer. Tasks of the teacher for the Organization of independent work of students are: Organization of specific training objectives, which determine the choice of ways to achieve them, the formation of students ' motivation, individual different types of tasks and identification of control over the degree of learning and the acquisition of practical skills.

Student's self-study consists of classroom and extracurricular work.

**Types of independent out-of-class work**

(I). Information literature review, preparation of abstracts for proposed topics:

-         under the guidance of the teacher conducted an independent search for necessary information sources;

-         response reports and communications students are heard at workshops, meetings of the Student Club.

**Suggested topics:**

1. Physiology and pathophysiology of the kidneys.

2. Urolithiasis. Modern methods of diagnostics, treatment.

3. Acute inflammatory diseases of the kidneys and retroperitoneal fiber.

4. Gestational pyelonephritis.

5. Bakteriotoksicheskij shock.

6. Efferent therapies in urology.

7. Tuberculosis of genitourinary system.

8. Acute nonspecific diseases of the bladder.

9. Acute nonspecific diseases of the urethra.

10. Acute inflammatory diseases of the male reproductive organs.

11. Damage to the kidneys. Emergency assistance.

12. Iatrogenic ureteral injury in urology, Gynecology, surgery.

13. Damage to the bladder.

14. Damage to the urethra.

15. Foreign bodies of the urethra and bladder removal Tactics, complications.

16. Antibacterial therapy of urological infections.

17. Urological diseases under the guise of acute abdomen.

18. Acute renal failure.

19. Chronic renal failure. Hepatology. Kidney Transplant.

20. Renovascular hypertension.

21. Kidney Tumor villmsa tumor.

22. Tumors of the renal pelvis and ureter.

23. Bladder tumor. New techniques in diagnosis and treatment. in emergency care tamponade of the bladder.

24. Prostate cancer.

25. Benign prostatic hyperplasia. Conservative, endoscopic, open surgical procedures. First aid in acute delay urination.

26. Abnormalities of genitourinary system.

II. Translations of articles from foreign magazines students translate articles from foreign magazines, information of which is required in scientific and medical interest clinics. The selection of articles for translation is carried out by the head of the Department, the associate professors and assistants. Independent work time is determined by the amount of translated articles and the complexity of the text.

III. Participation in scientific workshops, conferences and the base hospital. A student learns to speak in front of an audience, discuss, respond to the questions raised, which promotes deeper knowledge of individual Urology issues. This type of self-work teaches Editorialize with analysis and assessment of the facts, well-reasoned critique of theoretical positions, develops the ability to highlight important, significant, interpret, organize.

IV. Development of training schemes, tables, slides, participation in shooting training videos.

V. Participation in the drafting, preparation of thematic tasks and situational tasks for Urology. Produces the ability to educate themselves, improving skills of work with computers, systematized knowledge of students.

VI. Participation in the creation of thematic sets (Tools for the diagnosis and treatment of urological diseases; concrements and foreign bodies removed from urinary tract infections; radiographs; Sonograms, etc.).

VII. Daily supervision of patients and writing an extended diagnosis. "When this student shows the ability of synthesis and analysis of data obtained from a patient with an objective survey, when laboratory and instrumental examination, ability to work with the medical literature to confirm their own concepts, carries out differential diagnosis and treatment plan is.

VIII. Health education in urological field offices (conversations with patients, issue health bulletins).

IX. Independent study of selected topics covered in the course of Urology, but do not have a place in the records of the lectures and practical exercises.

X. View instructional videos on selected sections of Urology, that allows to study the information provided by the subject, expand the view source section.

XI. Independent work of students on the development of radiological signs of urological diseases (thematic sets of radiographs).

XII. The solution of clinical problems on subject classes in the form of homework, with subsequent collated responses to practical exercises.

**Maintenance of all types of self-employment:**

-            real history with the results of clinical research;

-            thematic sets of radiographs;

-            slide kits on private Urology;

-            videotheque chairs;

-            set multimedia CDs;

-            kits urological instruments;

-            sets of consumables (samouderzhivajushhiesja stents, urethral different modifications and mochetochnikovyh catheters, puncture kits nefrostomii);

-            devices and equipment for kidney biopsy and prostate;

-            collection of urinary calculus;

**Registration of performing independent work of students**

Vnutriauditornaja independent work is noted in the journal; extracurricular self-study, also estimated at workshops, recorded in the academic journal with the mark, the date of its execution, which affects the final ranking score.

**Topics for self-study.**

**Acute renal failure.**

**The reasons for the** (poison, Septic abortion, eclampsia, the transfusion of incompatible blood, "tour"-syndrome, long crushed acute blood loss, acute nephritis). Stages of acute renal failure (shock, oligoanurii, poliurii, recovery) and their characteristics.

**Therapy,** principles of detoxification. Conservative therapy. Types of dialysis, indications of hemodialysis and peritoneal dialysis. Outcome measures of acute renal failure.

**Chronic renal failure.** Definition, etiology and pathogenesis of chronic nephritis, polycystic kidney disease, pyelonephritis, only kidneys. Clinical manifestations, diagnosis. Stage of development, classification. Conservative treatment**,** peritoneal dialysis, chronic hemodialysis, indications and contraindications for kidney transplantation.

1. Literature: Urology: national leadership/ed. N.a. Lopatkin.-m.: geotar-media, 2009.0-1024 with. -3 copies.

**PLAN OF PRACTICAL EXERCISES IN UROLOGY**

**1 lesson**

1. Introduction: purpose and programme of activities, rules for writing extended diagnosis, the distribution of patients for supervision.

2. Familiarity with theclinic.

3. Seminary training "Symptomatology. Anomalies of the genitourinary system.

4. Supervision of patients in the ward.

**2 lesson**

1. Supervision of patients in the ward.

2. Interview on supervised patients.

3. Seminary training "Symptomatology (continued), benign prostatic hyperplasia, prostate cancer.

**3 lesson**

1. Supervision of patients in the ward.

2. Interview on supervised patients.

3. Seminary training "instrumental methods of Urological Research", "kidney stones".

**4 lesson**

1. Supervision of patients in the ward.

2. Interview on supervised patients.

3. Work in rentgenkabinete and with by radiographs.

4. Seminary training "radiation and radioisotope diagnosis of urological patients."

**5 lesson**

1. Supervision of patients in wards.

2. Interview on supervised patients.

3. Seminary training "inflammatory diseases of urogenital system, tuberculosis of genitourinary system.

4. Work in the procedural area, operating theatre.

**Lesson 6**

1. Supervision of patients in wards.

2. Interview on supervised patients.

3. Seminary training "urological Oncology.

**Lesson 7**

1. Supervision of patients in wards.

2. Interview on supervised patients.

3. Seminary training "Trauma of genitourinary system", "urgent States in urology.

4. Tests.

5. Renting discharge reports

**8 lesson**

SET-OFF

1. Reviewing "Discharge Reports»

2. Oral programme standings lectures, practical classes and jepikrizu.

3. Setting the set-off in the student book.

**Note:**

**Students carry a surgical form of clothing, footwear, masks, caps, shoe covers.**

**QUESTIONS ON GENERAL AND PRIVATE UROLOGY, OBLIGATORY FOR MASTERING AT LECTURES, PRACTICAL EXERCISES AND IN INDEPENDENT WORK**

**Lesson # 1**

**"SYMPTOMATOLOGY. ANOMALIES OF THE GENITOURINARY SYSTEM.**

**Basic concepts of themes of practice**

**Pain** . Pathogenesis of localization and the nature of pain in diseases of the kidneys, bladder, prostate, scrotum organs. possible irradiation illusion and special nature of pain in kidney colic. Causes pain in sacrum area urological diseases. Absence of pain when a number of urological diseases.

**Urination disorders, dysuria** .: Into severe cystectasia due to rapid (pollakiuria), painful (strangurija), difficulty urinating, acute and chronic delay urination (ishurija), the paradoxical ishurija, peremptory craving, the taxes not withheld and incontinence, nighttime incontinence urine.

**Changes in the amount of urine.** Polyuria, oliguria, anuria (arenalnaja, prerenal, renal, subrenalnaja).

**Quality change of urine.** Urine color (discoloration of urine when taking certain medications and foods), causes turbidity: uraturia, phosphaturia, mucus admixture. Piuria, its sources (two-and trehstakannaja fineness). Albuminurija (true and false), zilindruria. Hematuria and its types (micro-and macro-total, initial, Terminal). Hemoglobinuria, myoglobinuria, hilurija, pnevmaturija, glukozuria. Giperstenurija, gipostenurija, gipoizostenurija.

**Discharge from urethra and changes of sperm.** Discharge from urethra**,** spermatorrhea, prostatoreja, Oligospermia, Aspermia, azoospermia, nekrospermija, hemo-and piospermija, uretrorragija.

**Palpiruemaja bud** . Pathological mobility, increase in size, an anomaly situation, a symptom of ballot, the surface of the kidney-smooth, coarse consistency is elastic, tight.

**Resizing and prostate deformity.** Increase, decrease, texture, characteristic of surface modified form.

**NEPHROPTOSIS**

**Physiological and pathological kidneys mobility.** Etiology and pathogenesis of renal PTOSIS. Value weight loss, changes in intra-abdominal pressure, weakness ligamentous apparatus of the kidney, pregnancy, working and living conditions in the development nefroptoza. Integrated as one of the manifestations of splanhnoptoza.

**Symptomatology.** Local and General manifestations of disease. Complications: hydronephrosis and gidroureter, fornikalnye hemorrhage, arterial hypertension, medicine.

**Diagnostics.** Plantar excretory urography, retrograde ureteropielografiya, ultrasonography. Value of renal angiography in the diagnosis of nefroptoza. the need for x-ray examination of the gastrointestinal tract. Differential diagnosis with distopiej kidney, kidney parenchyma tumor, tumor of the abdominal organs, acute inflammatory diseases of the abdominal cavity.

**Treatment.** Indications and contraindications for surgical treatment. Principles of surgical treatment of postoperative rehabilitation. the role of medical gymnastics in treatment of nephroptosis.

**HYDRONEPHROSIS AND ANOMALIES OF THE KIDNEYS, URINARY TRACT**

**Etiology and pathogenesis of hydronephrosis.**

Stenosis of the pelvic-ureteric segment as the major cause of hydronephrosis. The role of extension in the evolution of the disease of kidney vessels. Pathological anatomy of hydronephrosis. Primary and secondary hydronephrosis. Symptoms and complications of the illness: pain, palpable education, gematuria, pyelonephritis, nephrolithiasis.

**Diagnostics.** X-ray examination methods: excretory urography, retrograde ureteropielografiya, angiography. Ultrasonography combined with medical polyuria. Radioisotope research methods. Differential diagnosis of the tumor of the kidney, polycystic, and nephroptosis abdominal tumor**.**

**Conservative and operative treatment of patients with gidronefrozom:** medication, dilation of narrowed the pelvic-ureteric segment, Transcutaneous endoscopic and traditional plastic surgery at gidronefroze. the principles of plastic surgery in the pelvic-ureteric stenosis segment. Prognosis.

**Anomalies of the kidneys:** methods of diagnosis-palpation, functional tests, excretory urography, angiography, ultrasound, computer tomography. Kinds of anomalies of the kidneys: anomalies of Aplasia, hypoplasia, kidney added the third, doubling buds with Spina and doubled the ureters, abnormal situation-dystopia gomolateralnaja (pelvic, hip, lumbar, thoracic) dystopia geterolateralnaja (with fusion, without seams), abnormal relationship of single kidney-symmetric ( Horseshoe kidney, kidney galetoobraznye), asymmetrical (L-shaped buds, S-shaped buds), abnormalities of structure-polikistoznye buds solitary Cyst (serous cysts, blood), multikistoznye kidney, Medulla structure anomalies-dilation channel, megakalikoz.

**Anomalies of ureters:** ahalazija, ureterocele, ectopia.

**Anomalies of the urinary bladder.** Diagnostic methods: cystography, cystoscopy, inspection. Kinds of anomalies of the urinary bladder: ekstrofija of a, diverticula, dual bladder fistula urinary duct.

**Abnormality of the urethra in men.** Diagnostic methods: uretrografija, ureteroscopy, inspection. urethral anomalies: atresia of urethra, urethral Diverticulum, doubling the urethra, hypospadias, parauretralnye (head of the penis, moshonochnaja, perineal, total), epispadias.

**Abnormalities of the penis.**

**Anomalies of organs of scrotum.** Methods of diagnosis, palpation, examination, hormonal profile. Kinds of anomalies scrotum organs: monorchism, cryptorchidism, anorchia ectopia testis.

**Hydrocele, spermatocele.**

Clinical course, diagnosis, treatment. The role of ultrasound and diafanoskopii.

**Phimosis, Paraphimosis.**

Clinical course, diagnosis, treatment.

**Varicocele.**

Pathogenesis. Clinical course, diagnosis and treatment.

Symptomatic varicoceles.

**TEST TASKS**

Choose one correct answer

1. the NATURE of PAIN in STONE INTRAMURALNOGO URETER DIVISION in violation of URODYNAMICS

1) aching

2) blunt

3) sharp

4) acute paroxysmal

5) constant aching

2 . ACUTE PROSTATITIS PAIN IS MOST OFTEN LOCALIZED

1) above the vagina

2) in the lumbar region

3) in the lumbosacral spine

4) in the perineum and over vagina

5) in the perineum and sacrum

3. to INCLUDE into SEVERE CYSTECTASIA DUE to

1) frequent urination

2) frequent, painful, difficult urination

3) difficulty urinating

4) intermittent urination

5) rare urination

4. DYSURIA MEETS

1) when a bladder stone

2) in acute nephritis

3) when giperaktivnom bladder

4) during cystitis

5) when 1) 3) 4)

5. POLLAKIURIA is

1) increased diuresis

2) frequent day and night urination in the normal number of 24-hour urine

3) frequent nighttime urination

4) frequent daytime urination

5) increased night diuresis

6. STRANGURIJa is

1) difficulty urinating on drops

2) urinating, accompanied by pain

3) frequent urination

4) difficult, painful urination

5) frequent, painless urination

7. NOCTURIA is

1) the increase in the amount of urine, allocated in the night time period

2) urination during the night

3) moving the main daytime hours with urine at night

4) daytime oliguria

5) 1 correctly) and 3)

8. OLIGURIA is

1) delayed urination

2) urination

3) reducing the daily amount of urine

4) increasing the daily amount of urine

5) decrease the amount of urine, allocated in the daytime

9. ANURIA is

1) absence of urine in the bladder

2) lack of allocation of urine in the kidneys

3) lack of self-urine

4) lack of urination during the day

5) the inability to self emptying of the bladder

10. ARENALNAJa ANURIA MEETS

1) when kidney hypoplasia

2) When you remove both kidneys

3) If you delete the only functioning kidney

4) 2 correctly), 3)

5) 1 correctly), 2), 3)

11. PRERENAL ANURIA MEETS

1) acute heart failure

2) when renal artery or vein occlusion only kidneys

3) in diseases involving shock, collapse, fall of HELL

4) 2 correctly), 3)

5) 1 correctly), 2), 3)

12. RENAL ANURIA MEETS

1) urolithiasis

2) for chronic glomerulonefrite

3) when thrombosis or embolism of renal vessels

4) transfusion of incompatible blood

5) tuberculosis in left kidney

13. POSTRENALNAJa (EXCRETORY) ANURIA MEETS

1) at stones of kidneys, ureters

2) when squeezing the ureter tumor, scar tissue

3) when glomerulonefrite

4) 1 correctly), 2)

5) 1 correctly), 2), 3)

14. The ACUTE DELAY URINATION is

1) lack of allocation of urine in the kidneys

2) the inability to self emptying of the bladder

3) absence of urine in the bladder when his catheterization

4) the absence of independent urinating in a horizontal position

5) the presence of 150 ml of residual urine

15. DELAY URINATION OCCURS

1) in case of renal colic

2) tumor of kidney with the collapse

3) when obstruction of ureters

4) if there is a violation of elektrolitnogo balance

5**)** when infravezikalnoj obstruction

16. The PARADOXICAL IShURIJa is

1) the inability to self urination

2) chronic delay urination

3) the combination of the delay urination with stress incontinence

4) incontinence of urine

5) the combination of the delay urination with urine neuderzhaniem

17. MACROGEMATURIA-IT

1) the presence in urine blood pigment hemoglobin

2) selection of blood from urethra

3) selection of blood in urine

4) the presence in the urine Porphyrin

5) jeritrociturija

18. Terminal THERE is HEMATURIA

1) in chronic pyelonephritis

2) acute cystitis

3) If the bladder neck tumor

4) for chronic glomerulonefrite

5) 2 correctly) and 3)

19. THERE HAS BEEN URETRORRAGIJa

1) kidney injury

2) acute cystitis

3) bladder neck tumor

4) as a variant of the rules

5) urethra damage

20. TRUE PROTEINURIA OCCURS

1) If nephropathy pregnant

2) when kidney amiloidoze

3) kidney tumor

4) urolithiasis

5) 1 correctly) and 2)

**SITUATIONAL TASKS**

**Task 1**

Patient, 36 years, came into the clinic with complaints of paroxysmal pain in right waist area, the appearance of blood in the urine after a bout of pain. Previously in sediment of urine to detect grains of Brown. Kidneys are not palpable. Symptom Pasternackogo the right is positive. When urinalysis revealed mikrogematuria, uraturia.

WHAT KIND OF ILLNESS MAY INDICATE THESE SYMPTOMS?

**Task 2**

A patient 74 years over 2 years noted difficulty urinating, urinating, natuzhivajas, sluggish stream, which often interrupted. When entering notes incontinence, constant raspirajushhuju pain on the pubis. When viewed from above the vagina visible bulging, the upper edge of which konturiruetsja at the level of the navel. Perkutorno in this area marks the dullness. Urine for several days continuously spontaneously is separated on the drops.

WHAT KIND OF URINATION DISORDERS HAVE DISEASED?

ON THE AVAILABILITY OF WHAT DISEASES SHOULD CONSIDER AND WHY?

**Task 3**

The patient had 23 years clouding due to impurities, expressed urine white blood cells and bacteria, but unknown to localize the inflammatory process.

WHAT A SIMPLE AND A PUBLIC RESEARCH METHODOLOGY SHOULD HAVE RECOURSE?

**Task 4**

A patient 45 years was an appointment with the urologist with complaints on the allocation during the intercourse sperm Brown.

When the laboratory study of ejaculate gemospermija revealed.

WHAT IS THE REASON FOR THE GEMOSPERMII?

DOCTOR'S TACTICS IN THIS CASE.

**Task 5**

Sick 65 years enrolled in the clinic with complaints of heart (during the night), difficulty urinating. Twice the allocation of blood in the urine. The right physique. The abdomen is soft. Kidneys are not palpable. Symptom Pasternackogo negative on both sides. Bladder perkutorno is not defined. External genitals are formed correctly. The prostate is smooth, elastic, painless, increased in size. Median notch is defined loosely, Rectal Mucosa over prostate unsteady. The patient urinates with natuzhivaniem, a squirt. Residual urine 70 ml, mikrogematuria.

DISEASE, ANY BODY EXPLAIN THESE DISORDERS?

**Task 6**

32 years of patient complains of pain in the lumbar region, increased blood pressure up to 180/120 mm Hg. Church. Sick 3 years. 80 pulse beats/min, rhythmic, satisfactory content. The abdomen is soft, the kidneys are not palpable. Symptom Pasternackogo slabopolozhitelen on the right. Upright body palpated the bottom segment of the right kidney. Into severe cystectasia due to no. Sometimes it happens macrogematuria.

YOUR ESTIMATED DIAGNOSED?

THE PLAN OF SURVEY.

**Task 7**

Ill 16 years appeared sharp pain in right groin area-Ilio. Objective study here palpated tumorous formation size 12 × 8 cm, elastic consistency, organ whose localization is not clear. If you do not think about the possibility of one of the types of anomalies of the kidneys, it can fall into a diagnostic error and make unwarranted laparotomy.

WHAT KIND OF ANOMALIES OF THE KIDNEYS SHOULD BE THINKING?

WHAT RESEARCH METHODS CAN IT CONFIRM OR EXCLUDE?

**Task 8**

A child 9 years with preventive fljurografii and chest x-ray revealed blackout on the diaphragm, which resembles a lung tumor. Meanwhile there is a malformation of the kidney.

WHAT IS THIS TYPE OF ANOMALY?

WHAT RESEARCH METHODS MUST BE MADE?

**Task 9**

A child 10 years complaints are typical for chronic renal failure. The disease slowly progresses. Objective study in both podreberjah are determined by painless, hilly, densely-elastic education.

WHAT IS YOUR PREDVARITELNJ DIAGNOSED?

HOW YOU CAN CONFIRM?

HOW THE DISEASE SHOULD BE DIFFERENTIAL DIAGNOSIS?

**Task 10**

The child is 11 years old. Periodically complains of abdominal pain, which are often nature without cease, pristupoobrazny receiving drugs. By palpation of the abdomen in the left hypochondrium defines tumorous formation, tightly-elastic consistence, mobile, painless. Blood tests are normal. Red blood cells in the urine up to 4-5. Overall condition is not suffering.

WHAT IS THE ANOMALY OF THE KIDNEYS CAN BE SUSPECT?

SPECIFY THE PLAN OF SURVEY.

**Task 11**

A boy 9 years developing well in the left hypochondrium palpable dense painless education. At cystoscopy found no left mochetochnikovoe mouth. In excretory urography revealed a well functioning right kidney and the left are small spherical patches, the contrast is not defined.

WHAT DIAGNOSIS SHOULD THINK?

WHAT KIND OF TREATMENTS SHOWED UPON HIS CONFIRMATION, AND WHY?

**Task 12**

Sick 8 months entered the clinic about difficult urination and recurrent urinary retention. Sick since birth. Periodically the temperature to 38-41°. Pale skin turgor is reduced. In the left part of the abdomen is palpated tumorous formation elastic consistence, mobile. Residual urine up to 50 ml. Anemia. ESR-22 mm/h Reaction urine alkaline, protein 0, 33 g/l, leukocytes entirely cover the field of vision. In 1 ml of urine 500000 bacterial Tel Protea, resistant to most antibiotics. Trial of General: diuresis 570 ml, urine density 1002-1013. Mild azotemia. Shadows review urogramme concrements. The excretory and lohanka urogramme ureter right have not changed. In the area of left kidney-large cavity loosely made rentgencontrastnam substance. Ureter. In the bladder on the background of the contrast agent has an oval defect filling 3 \* 4 cm, bottom part of it lies in the area of the neck.

WHAT DIAGNOSIS SHOULD THINK? WHICH METHOD OF TREATMENT IS SHOWN?

**Task 13**

Newborn pubis prominent rounded education red. On examination, it is determined that the urine is excreted throws two openings at the bottom of this education.

WHAT IS THE ANOMALY?

AT WHAT AGE YOU CAN THINK OF COSMETIC SURGERY AND WHAT ARE THE OPTIONS FOR THIS OPERATION?

THAT SHOULD ENCOURAGE PARENTS TO AFTER SURGERY?

**Task 14**

The child in the midline of the abdomen is determined between the navel and the vagina oblong education associated with the wall of the abdomen. Changes of urine is not.

WHAT KIND OF ANOMALY YOU CAN THINK AND WHAT TREATMENT SHOWN?

OTHER POSSIBLE DEFECTS OF THE SAME RELIC, AS THEY MANIFEST?

WHAT REQUIRE TREATMENT?

**Task 15**

Complaints of two-step urination. After the main portion of urine occurs again the urge for urination. Instead of a second urination can be a feeling of incomplete emptying of the bladder. Urine first without pathological elements, subsequently appears pyuria.

WHAT IS THE ABNORMALITY OF BLADDER LEAKING WITH SIMILAR SYMPTOMS?

BASED ON WHAT RESEARCH CONFIRMED DIAGNOSIS?

WHAT IS THE TREATMENT?

**Task 16**

External orifice of the urethra opens on the voljarnoj surface of the penis. When expressed degrees of blemish-the penis is bent. Crown is pulled to the outer opening of the urethra.

PUT THE DIAGNOSIS.

WHAT ARE THE DEGREE OF MALFORMATION.

AT WHAT AGE DOES POKAZAGO SURGERY?

**Task 17**

Boy 1 year each urination strains himself, getting restless. Weak stream, sometimes urine flows down on the drops.

UNDER WHAT EVILS DEVELOPMENT THERE IS THIS PICTURE?

WHAT ARE THE COMPLICATIONS OF THESE ANOMALIES?

WHAT IS THE TREATMENT FOR THE PREVENTION OF COMPLICATIONS?

**Task 18**

Boy 1.5 years of restless whenever urinating, urinating with natuzhivaniem. Urinating in the area of Glans penis enlargement bulavovidnoe appears. The boy had a history of frequent inflammatory processes in the area of the penis (balanita, balanopostity)

YOUR DIAGNOSIS?

WHAT MAY BE A COMPLICATION OF THIS ANOMALY?

TREATMENT PLAN?

THE OPTIMAL AGE FOR OPERATIONS MANUAL?

**Task 19**

6 years of patient complaints of difficulty urinating. On examination, the head of the penis is not due to a sharp narrow foreskin during urination, which stretched in the field prepucialnogo of the bag.

WHAT DIAGNOSIS SHOULD THINK?

WHAT ARE THE COMPLICATIONS OF THIS DISEASE IS DANGEROUS?

WHAT ARE THE MEDICAL RECOMMENDATIONS?

**Challenge 20**

32 patient years. Complains about a general weakness, nausea, thirst, dry mouth, almost constant pain in the lumbar region on both sides. The disease has developed gradually over several years. A more precise time of onset of the disease name. Skin pale, dry to the touch. HELL-180/90 mm Hg. Pulse 76 beats per 1 min. Both sides are palpable enlarged, painful kidney. Symptom Pasternackogo weakly positive by both sides. Urine test: pure collected an average serving is the color of the light, pH 6.5, the density of 1009, red-0-1, white 12-15 in sight.

JUSTIFY A PRELIMINARY DIAGNOSIS AND SEQUENCING OF ADDITIONAL RESEARCH METHODS WITH A VIEW TO ESTABLISHING A DEFINITIVE DIAGNOSIS.

**Lesson # 2**

**"SYMPTOMATOLOGY (CONTINUED)" BENIGN PROSTATIC HYPERPLASIA ".**

**«PROSTATE CANCER».**

**Basic concepts of themes of practice**

Causes of turbidity urine . Piuria, sources. Score (3-x beakers assay). Proteinuria, its score, ways of diagnostics. Changes of the relative density of urine sample diagnostic value of Zimnickogo, technology, value. Sample Amburzhe, Nechiporenko. Indications for their use. Clinical significance. Bacteriology of urine. Difference between poliurii and pollakiurii **.**

**BENIGN PROSTATIC HYPERPLASIA (BPH)**

**Etiology and pathogenesis:** hormonal theories (the historical role of F.i. Sinitsina), metabolic dihydrotestosterone in prostate cells, the role of various isoenzymes 5-alpha-reductase inhibitors and growth factors in the pathogenesis of prostatic hyperplasia. Pathological anatomy. Classification of disease: the stage of the disease. The clinical course of prostatic hyperplasia.

**Diagnostics** and differential diagnosis of prostatic hyperplasia (prostate cancer, Chronic prostatitis, and urethral stricture, bladder neck sclerosis, bladder stones, bladder tumor).

**The choice of therapy** prostate hyperplasia patients. Medication inhibitors 5-alpha-reductase inhibitors, selective Alpha-1-adrenergic and their combination. Minimally invasive procedures treat hyperplasia of the prostate: Transurethral microwave thermotherapy, use different types of laser energy and others.

**Surgical treatment:** indications for Transurethral, transvezikalnoj and pozadilonnoj adenomjektomijam, cistostomii. Transurethral ectomy. Retropubian ectomy. Chrespuzyrnaja ectomy. Cystostomy. acute delay urination. in acute delay urination: bladder catheterization, nadlobkovaja puncture the bubble, troakarnaja and traditional cistostomii.

**Complications of prostate hyperplasia** : bladder stones, cystitis, pyelonephritis, renal insufficiency. Prophylaxis of complications. Clinical observation of patients giperplaziei prostate cancer.

**PROSTATE CANCER**

**Etiology and pathogenesis.** Pathological anatomy. Clinical course. Stage of the disease. Metastasis of prostate cancer, types of metastases.

**Diagnosis of prostate cancer** (clinical, laboratory, radiological, radiological). A biopsy of the prostate gland (transrectal and perineal). Differential diagnosis (adenoma prostate, prostate stones, Chronic prostatitis, prostate tuberculosis bladder cancer).

**Indications for operative treatment:** prostatectomy, Transurethral, and intravezikalnaja jelektrorezekcija, cryosurgery of the prostate. Castration, enucleation of the testicles.

**Conservative methods of treatment.** Estrogenotherapy: General principles, possible complications. Primary and secondary resistance of tumours to oestrogens. treatment antiandrogenami. determination of hormonal therapy saturation. the immediate and long-term outcomes of treatment. the role of the prophylactic examinations of the population.

**TEST TASKS**

Choose one correct answer

1. the MAIN SYMPTOM that defines STAGE DISEASE ADENOME PROSTATE CANCER

1) mikrogematuria

2) macrogematuria

3) piuria

4) the amount of residual urine

5) pollakiuria

2. the DEVELOPMENT of BENIGN PROSTATIC HYPERPLASIA HAVE CONTRIBUTED to

1) chronic inflammation of the prostate gland

2) hormonal disorders in the body

3) heredity

4) viral infection

5) sexual excesses

3. indications for SIMULTANEOUS ChRESPUZYRNOJ ADENOMECTOMY

1) the presence of adenomas 1 degree

2) the presence of 2-nd degree

3) the presence of ureterogidronefroza

4) exhausting night pollakiuria

5) 2 correctly) and 4)

4. the MAIN SYMPTOM of PROSTATE ADENOMA I STAGE

1) difficulty urinating

2) azotemia

3) residual urine > 100 ml

4) the sharp pain of prostate

5) perineal pain

5. indications for CISTOSTOMII (I stage) in ADENOME PROSTATE GLAND

1) adenoma (stage II)

2) prostate adenoma and acute pyelonephritis

3) subtrigonalnaja localization of adenomas

4) the elderly patient

5) adenoma and suspected prostate cancer

6 . INDICATIONS FOR TRANSURETHRAL ELECTRO-RESECTION ADENOME PROSTATE CANCER

1) neoslojnennaya adenoma I-II stage

2) adenoma and chronic renal failure

3) the presence of bladder stones

4) adenoma of large size with the clinic of exacerbation of Chronic prostatitis

5) complicated adenoma stage II

7. what DISEASES SHOULD DIFFERENTIATE BPH?

1) Chronic prostatitis

2) prostate cancer

3) urethral stricture

4) bladder neck sclerosis

5) in the**COE** above

8. SELECT the MAIN COMPLICATIONS of BPH

1) urinary tract infection

2) violation of urodynamics of the urinary tract and CRF

3) kamneobrazovanie

4) hematuria

5) all of the above

9. ADENOMA occurs in MEN OVER

1) 20 years

2) 30 years

3) 40 years

4) 50 years

5) 70 years

10. when the DIGITAL RECTAL STUDY CHANGES in the prostate gland that are specific to CANCER

1) iron increased by the same proportion, sharply strained and painful

2) iron is increased, its surface smooth, elastic consistency, mezhdolevaja notch smoothed, borders gland clear, palpation is painless

3) iron increased, dense, slightly painful, its surface rough, indistinct boundaries

4) iron-tight elastic consistency, in one of its share of a hotbed of softening

5) iron increased mezhdolevaja notch saved undulating, alternating with softening plots relatively thick fabric

11. the MOST RELIABLE METHOD of DIAGNOSIS of PROSTATE CANCER

1) inspection and palpation of the external genital organs

2) palpation of the prostate

3) cystoscopy

4) prostate biopsy

5) bone marrow biopsy

12. Early clinical signs of prostate cancer

1) urine retention

2) hematuria

3) perineal pain

4) dysuria

5) more often than not are manifested

13. Basic methods for early diagnosis of prostate cancer

1) study of hormonal balance

2) digital rectal examination prostate cancer

3) x-ray study of the bones of men older than 50 years

4) ultrasound examination of the prostate with biopsy

5) digital rectal examination prostate combined with Trus and defining the level of PSA

14. The main complaint of patients with prostate cancer in stage T1NoMo

1) frequent urination

2) perineal pain

3) pain in sacrum

4) subfebrilnuju temperature

5) there are no complaints

15. Radical Prostatectomy for prostate cancer shows in stage

1) T1NoMo

2) T2NOMo

3) T3NoM1

4) T4N1M2

5) 1 correctly) and 2)

16. in the advanced stages of prostate cancer palliative surgery

1) troakarnaja cystostomy

2) the high section of the bladder

3) Transurethral jelektrorezekcija

4) nephrostomy

5) all true

17. For PROSTATE CANCER in STAGE T2NOMO CHARACTERISTIC

1) hematuria

2) urine retention

3) prostate gland stony density, without clear boundaries

4) prostate tugojelasticheskoj consistency, painless, not increased, one shares a single tight knot on the periphery

5) perineal pain

18. diagnostic TRIAD "includes

1) rectal examination, Trus biopsy

2) rectal examination, biopsy, monitoring PSA

3) rectal examination, Trus, control of PSA

4) control of PSA, TSH, LH

5) it is true as well), and)

19. The causes of chronic renal failure for prostate cancer are

1) migrated Glomerulonephritis

2) acute pyelonephritis

3) chronic pyelonephritis

4) gidroureteronefroz

5) metastases

20. In chronic renal failure and gidroureteronefroze in patients with prostate cancer are stage T4N2M1 showing

1) hemodialysis

2) peritonialnyj dialysis

3) nephrostomy

4) cystostomy

5) Prostatectomy

**SITUATIONAL TASKS**

**Task 1**

Sick of 52 years. During the 27 years suffered urolithiasis with kidney colic from both sides and periodic independent departed concrements. Complains of lack of impulses to the Act of urination. The last time 2:00 pm urinated earlier. Notes the dull pain on the right side of the waist and abdomen, which appeared 7:00 ago. The intensity of the pain gradually increases, there is a dry mouth, feeling thirsty. When inspecting the patient increased nutrition, subcutaneous fat richly developed. Kidneys are not palpable. By palpation in the upper right quadrant of the abdomen is marked tenderness. Symptom Pasternackogo negative on both sides. Perkutorno and by palpation the bladder is not increased. When the digital study of the prostate via the rectum is not changed.

WHAT IS THE COMPLICATION OF UROLITHIASIS HAS IN THIS CASE?

SPECIFY THE EXAMINATION METHODS AND TREATMENT OPTIONS.

**Task 2**

70 years of patient complains of weakness, headache, vomiting, involuntary urine drop by drop. The skin is pale. The language is dry, with a touch of Brown. The abdomen is soft. Symptom Pasternackogo negative on both sides. Perkutorno bladder is defined at 6 cm above the womb. Prostate gland enlarged evenly, tightly-elastic consistency, its surface is smooth, mezhdolevaja notch smoothed. Urea serum 29.9 mmol/l.

YOUR ESTIMATED DIAGNOSED?

MEDICAL RECOMMENDATIONS.

**Task 3**

A patient 68 years, during the last three years, notes the difficulty urinating, urinary excretion of weak and a squirt. Normal skin colour. Tongue wet, not hedged. The abdomen is soft, painless. Symptom Pasternackogo negative on both sides. Bladder perkutorno is not defined. External sexual organs developed normally. When digital rectal prostate study moderately increased in size, the right proportion of its rough, stony consistence, painless. Rectal Mucosa above the right proportion of glands immobile.

YOUR DIAGNOSIS?

WHAT ADDITIONAL STUDIES ARE NEEDED?

**Task 4**

Sick 65 years complains of shortness of sluggish stream urination, night pollakiuriu up to 3-4 times. Considers herself ill the past two years, when he first became mark urination at night. The skin and visible mucous membranes normal coloring. Organs of the thorax and abdomen without features. Kidneys are not palpated. Symptom Pasternackogo negative on both sides. Bladder empty. perkutorno digital rectal study of the prostate increased slightly with a smooth surface, tightly-elastic consistence, painless.

WHAT DISEASE YOU CAN THINK OF?

WHAT DIAGNOSTIC MEASURES ARE NECESSARY TO CLARIFY THE DIAGNOSIS?

**Task 5**

Patient 63 years day and night pollakiuria 4-6 times per night, weak urine flow. History twice was an acute urinary retention. After the one-time kateterizacij the bladder urination to restore. After urination when viewed over the vagina palpated elastic education are globe-shaped, measuring 8 x 6 cm. Perkutorno on the formation of the sense of sound. When the digital study of prostate via the rectum moderately increased, with smooth surface, elastic consistency, painless.

YOUR PROSPECTIVE DIAGNOSIS?

WHAT RESEARCH MUST BE MADE TO REFINE THE DIAGNOSIS?

**Task 6**

60 years of patient was treated at neurologist at lumbosacral radiculitis and one month after prima course of Physiotherapeutic procedures, he was taken to the casualty department with a fractured hip. In a survey of prostate cancer was diagnosed with cancer in the lower spine, the pelvic bones and the pathological fracture of the hip.

WHAT IS ERROR NEVRAPOTOLOGA?

WHAT SURVEYS WERE NEEDED FOR THE PATIENT BEFORE ADMISSION PHYSICAL THERAPY?

**Task 7**

Sick 65 years presented with strong craving, inability to self urination, lower abdominal pain. The symptoms are increasing within 2:00 pm.

YOUR ESTIMATED DIAGNOSED?

YOUR DIAGNOSTIC AND TREATMENT RECOMMENDATIONS?

**Task 8**

A patient 59 years appealed to the clinic nerve diseases due to sciatica sciatica sciatic. Sick for years, recurrent exacerbation. Treatment, including sinusoidal currents, not effective. When examining organs systems without specificity. Into severe cystectasia due to no. External genitals intact. Rectal prostate study has not increased, soft elastic consistency, smooth. PSA-25 ng/ml.

YOUR ESTIMATED DIAGNOSED?

WHAT RESEARCH NEEDS TO BE DONE TO REFINE THE DIAGNOSIS?

**Task 9**

70 years of patient complains of weakness, dizziness, poor appetite, thirst. With increasing symptoms ill 1-1, 5 years. Not been treated. The language is dry, with a touch.

Kidneys are not palpable, however, their scope is painful. Perkutorno bladder is defined over the pubis for three cross fingers. Rectal prostate study increased, stony consistence, paraprostaticheskaja fiber infiltrirovana. When Uzi-gidronefroticheskaja transformation on both sides. Urea content in blood serum is 25 mm/l, PSA-120 ng/ml.

WHAT KIND OF DISEASE TO THINK?

WHAT RESEARCH NEEDS TO BE PERFORMED FOR DIAGNOSIS.

DEFINE MEDICAL TACTICS.

**Task 10**

Patient a. 65 years enrolled in the clinic with complaints of languid stream of urine, frequent urination (night up to 6 times). Sick for 3 years. Rectal prostate study increased, elastic, paths clear. The exkrethornykh urogrammah function of kidneys and passage radiopaque broken. at descending a filling defect in the cistogramme area of the bladder neck. Blood urea-4.2 mmol/l.

YOUR DIAGNOSIS AND PATIENT TEST'S TACTICS?

**Task 11**

Patient 63 years admitted to hospital with acute delay urine within ING 5 days. Urine from the bladder repeatedly evacuated catheter. A history of over 2 years, day and night pollakiuria. At the time of inspection body temperature 38.3° c, purulent discharge from the urethra. Perkutorno: the upper bound of the bladder-4 cm above the lonnogo junction. Rectal: prostate gland increased 2.5 times, and tugojelasticheskoj in consistency, painful.

YOUR DIAGNOSIS AND THERAPEUTIC TACTICS?

**Task 12**

The patient 60 years revealed benign hyperplasia by the large gland of stage 3. Complaints about incontinence, thirst, weakness. When U3I: Prostate volume 96 cm3. Study: rectal prostate significantly increased in volume (3 times). Residual urine-410 ml. There is a bilateral ureterogidronefroz, anemia. Blood urea-16 mmol/l, creatinine-200 mkmol/l.

YOUR TACTICS?

**Task 13**

58 years in a patient diagnosed with BPH stage 1. Amount by a large gland-29 cm3. Identified prostate stones, chronic kalkulez prostatitis NYY. Night 3 times, pollakiuria daytime urination at intervals of 3-4 hours. Ultrasound of residual urine 40 ml.

YOUR TACTICS?

**Task 14**

The patient had diagnosed prostate cancer T1 (N) 0M0.

SPECIFY THE MOST SUITABLE METHOD OF TREATMENT OF THE DISEASE AT THIS STAGE GIVEN THAT CONTRAINDICATIONS FOR SURGICAL TREATMENT OF THE PATIENT NO.

**Task 15**

Patient's prostate cancer T4 (N) x (M) h. Nadlobkovyj fistula. approximately 7 days noted oligouria. Blood Biochemistry: urea 22 mmol/l, 876 creatinine µmol/l.

YOUR DIAGNOSIS AND FURTHER TACTICS?

**Task 16**

Prostate cancer patient T 3 (N) 0 (M) 0 complaints have emerged rapid intermittent urination, feeling of incomplete bladder emptying Pu zyrja radiotherapy was 6 months ago. When the survey identify flax volume of residual urine 200 ml.

SPECIFY FURTHER TACTICS OF TREATMENT.

**Task 17**

Sick 65 years presented with the impossibility of independent leg urination. These phenomena are concerned about during the 2:00 pm.

YOUR ESTIMATED DIAGNOSED?

YOUR DIAGNOSTIC AND TREATMENT RECOMMENDATIONS?

**Task 16**

When digital rectal prostate research uniformly increased, its share of right rough, stony consistence, painless. Rectal Mucosa above the right proportion of fixed.

WHAT DISEASE YOU CAN THINK OF?

WHAT DIAGNOSTIC MEASURES ARE NECESSARY TO CLARIFY THE DIAGNOSIS?

**Task 19**

Mother complains that child 5 years urinates while asleep. Objectively and in the study of pathological changes of urine is not revealed.

WHAT IS THIS DISEASE?

WHO IS MORE COMMON: BOYS OR GIRLS?

WHAT IS THE MECHANISM OF OCCURRENCE?

**Challenge 20**

Woman 48 years, complains that he loses any urine suspense-coughing, lifting weights. Otherwise no urination impaired.

WHAT IS AIMED AT ARE WE TALKING ABOUT?

WHAT IS THE FUNDAMENTAL DIFFERENCE BETWEEN URINARY INCONTINENCE AND NEUDERZHANIEM IT?

**Lesson # 3**

**"MOCHEKAMENNA DISEASE (ICD, UROLITHIASIS, NEPHROLITHIASIS). "INSTRUMENTAL EXAMINATION METHODS IN UROLOGY.**

**Basic concepts of themes of practice**

**Types of cistoskopov.** Their design. Cystoscopy, machinery; indications, contraindications to its use. Cistoskopicheskie pattern. Hromocistoskopija, its diagnostic value. Catheterization mochetocnikov, its diagnostic and therapeutic value. risks and complications of ureteral catheterization. Bladder mucosa biopsy and its diagnostic value.

**Urs.** Uretroskopicheskie paintings.

**Catheters, bougy,** application technique.

Risks and complications of transuretralnah manipulation. Diagnostic and therapeutic value of catheterization of the urinary bladder. Contraindications to catheterization of the urinary bladder.

**Ureteropieloskopija, nefroskopija.**

**Jendovezikalnye operation.** Electro-hydraulic, cistolitolapaksija, Transurethral cystolithotripsy ectomy, Transurethral resection of the walls of the bladder and bladder neck, optical uretrotomija. jendovezikalnyh Complications: bleeding perforation of the wall of the bladder, TUR-syndrome. Prevention of complications. Removal of ureter stone loops (Dormia, electromagnetic loop with memory), contact ureterolitotripsija with the help of ultrasound.

**Puncture nephrostomy, nefrolitolapaksija, contact nefrolitotripsija.** Indications for use, possible complications.

**UROLITHIASIS (IBC, UROLITHIASIS, NEPHROLITHIASIS)**

Frequency nefrolitiaza among diseases of the kidneys and urinary tract. Spread around the globe and in Russia.

**Etiology and pathogenesis.** A critical review of colloid and kristalloidnoj theories of lithogenesis. Modern theory of organic (protein-mukopolisaharidnoj) the role of the matrix impaired passage of urine reaction urine, pyelonephritis, Necrotizing papillita, plaques, Randall the broken metabolism (idiopathic gipercalziuria) and vitamin balance (lack of vitamins a and c, d), giperparatireoidizma, prolonged immobilization and infection, functional disorders of the liver and intestinal tract in Genesis nefrolitiaza.

**Pathological anatomy.** Changes in the kidneys and urinary tract, caused by impaired passage of urine as a result of total or partial occlusion konkrementom. Gidronefroticheskaja transformation pyelonephritis.

**Morphology and chemical composition of the rocks.** The value, weight, shape, number, chemical composition (Urata, phosphates, carbonates, oxalates, cistinovye, xantinove, cholesterol and protein concrements). modern mineralogical classification.

**STONES OF THE KIDNEYS AND URETERS**

**Symptomatology.** Renal colic and its differential diagnosis. Methods of diagnosing kidney stones and ureters.

**X-ray Diagnostics.** Indications and contra-indications to conservative treatment of kidney stones and ureters. Medication and physiotherapy aimed at independent releases concrements. Urate nephrolithiasis and its treatment.

**Shock wave lithotripsy.** Indications and contraindications. Prevention of complications of surgical treatment of renal stones with opening body, kinds of operations.

**Jendovezikalnye methods for the treatment of ureteral stones.**

Their critical appraisal. Indications and contraindications for surgical treatment. Operation with double-sided stones, korallovidnyh stones, stones only kidneys. Kalkuleznaja anuria and its treatment. Diet therapy and pharmacological prevention of the recurrence of lithogenesis. Repeatable at stones of kidneys and ureters. Sanatorium-and-spa treatment of kidney stones.

**BLADDER STONES**

The role of stasis and infection in the genesis of bladder stones. Symptoms, ultrasound, endoscopy and x-ray Diagnostics. Kamnedroblenie cistolitotriptorom and apparatus-URAT 1. Indications and contraindications. The high section of the bladder. Prevention education stones in the bladder.

**URETHRAL STONES**

Symptomatology. Diagnostics. Treatment.

**PROSTATE STONES**

Symptomatology. Diagnostics. Treatment.

**TEST TASKS**

Choose one correct answer

1. URS SHOWS

1) in acute throughout urethritis

2) at sub-acute throughout urethritis

3) when torpidnom reaches urethritis

4) chronic urethritis

5) for prostate cancer

2. Contraindications to CATHETERIZATION of the URINARY BLADDER CATHETER ELASTIC

1) acute urethritis, prostatitis and epididymitis

2) Chronic prostatitis

3) vnutribrjushinnyj rupture of bladder

4) fresh tearing of the urethra

5) 1 correctly) and 4)

3. Indications for CATHETERIZATION of URETERS are

1) acute obstructive pyelonephritis

2) holding retrograde ureteropielografii

3) obturazionnaya anuria

4) pyelonephritis pregnant

5) all of the above

4. BLADDER CATHETERIZATION is CONTRAINDICATED in ACUTE DELAYED URINE, CAUSED by

1) bladder tumor

2) foreign body of the urethra

3) bladder stone

4) acute prostatitis

5) 1 correctly), 2), 3)

5. HROMOCISTOSKOPIJa is HELD

1) for differential diagnosis between renal colic and acute surgical diseases of the abdominal cavity organs

2) for differential diagnosis between renal colic and acute gynecological diseases

3) for differential diagnosis of acute pyelonephritis and acute Glomerulonephritis

4) 1 correctly), 2)

5) 1 correctly), 2), 3)

6. UROFLOWMETRY SHOWS

1) when strikture, the valves of the posterior urethra

2) adenome prostate cancer

3) acute prostatitis

4) in neurogenic bladder dysfunction

5) 1 correctly), 2), 4)

7. COMPLICATIONS of RECONSTRICTON URETHRA are ALL LISTED, EXCLUDING

1) uretralnuju fever

2) acute prostatitis

3) uretrorragiju

4) fornikalnoe bleeding

5) acute epididymitis

8. Contraindications to BUZhIROVANIJu URETHRA are ALL LISTED, EXCEPT

1) benign prostatic hyperplasia

2) acute epididymitis

3) acute cystitis and acute prostatitis

4) Chronic prostatitis

5) acute urethritis

9. CYSTOSCOPY SHOWS

1) for exploring the bladder cavity

2) exception of neoplasms of the urinary bladder

3) If you need a biopsy of neoplasms of the urinary bladder

4) 1 correctly) and 2)

5) all of the above

10. indications for RETROGRADE URETEROPIELOGRAFII

1) hydronephrosis with impaired patency of the pelvic-ureteric segment

2) tuberculosis of the kidney, ureter

3) acute pyelonephritis

4) urethral stricture

5) 1 correctly), 2), 4)

11. The MAIN LINK of the PATHOGENESIS of RENAL COLIC

1) violation of the passage of urine

2) ureteral trauma migratory stone

3) spasm of pelvis

4) increased blood pressure

5) urinary tract infection

12. EDUCATION URINARY STONES CONTRIBUTE to

1) the high concentration of creatinine in the blood

2) urostaz

3) the high pH of the urine

4) the lack or low level of protective colloids in urine

5) 2 correctly), 3 and 4))

13. TAPPED on EXKRETHORNYKH UROGRAMMAH FILLING DEFECT in the SACK is ASSOCIATED with the formation of STONES

1) phosphate

2) uric acid

3) oxalate

4) mixed structure

5) holesterinovykh

14. REVIEW and EXCRETORY UROGRAPHY SUITABLE

1) when Kidney stone korallovidnom

2) at stones of both kidneys

3) with Ureteral stone or both ureters

4) If you suspect the presence of stone of any localization

5) 1 correctly), 2), 3 and 4))

15. SLOW TYPES of STONES INCLUDE ALL of the FOLLOWING except

1) oxalate

2) phosphates

3) mixed

4) uratov

5) uratov and oxalate

16. When the PELVIC-URETERIC STONE URATNOM SEGMENT, acute PURULENT PYELONEPHRITIS SHOWING

1) antibiotics, conservative treatment

2) percutaneous nefrolitotripsija

3) pielolitotomija, an audit of the kidneys, kidney dekapsuljacija, nephrostomy

4) shock-wave lithotripsy

5) ureteral catheterization

17. WAY to DIAGNOSE BLADDER STONES

1) cystoscopy

2) retrograde cystography

3) excretory urography and tunneling cystography

4) ULTRASOUND of the bladder

5) 1 correctly), 2), 3) 4)

18. the ETIOLOGICAL FACTOR of UROLITHIASIS

1) violation of fosforno-calzievogo Exchange

2) metabolic oxalic acid

3) violation of purine Exchange

4) urinary infection (pyelonephritis)

5) 1 correctly), 2), 3) 4)

19. An ULTRASOUND SCAN of the KIDNEYS IT is ADVISABLE

1) when Kidney stone korallovidnom

2) at stones of both kidneys

3) with Ureteral stone or both ureters

4) in any case,

5) 1 correctly), 2), 3)

20. At STONES of KIDNEYS CAN RECOMMEND

1) pielolitotomiju

2) nefrolitotomiju

3) perkutannuju nefrolitotripsiju

4) 1 correctly), 2), 3)

5) circular (ring) nefrostomiju

**SITUATIONAL TASKS**

**Task 1**

Duty urologist, has just ended the emergency operation in 2:30 of admissions reported that enrolled patients with painless total hematuria.

WHAT SHOULD BE THE TACTIC UROLOGIST, URGENCY OF DIAGNOSTIC AND THERAPEUTIC PROCEDURES?

**Task 2**

Accidentally swallowed delivered 36 years patient complaining of a sharp pain in the right abdomen radiating in right thigh. Pain accompanied by nausea and vomiting. Mild symptom of Pasternackogo and symptoms of irritation of the peritoneum. The behavior of the patient restless, the diagnosis is not clear.

WHAT A UROLOGICAL EXAMINATION WILL ESTABLISH THE DIAGNOSIS?

**Task 3**

Patient 27 years complains of severe pain in the abdomen, which appeared 1:00 ago with no previous symptoms, is very dramatic, localized in the lower right abdomen. Vomiting and nausea do not. High escalated. Delivered emergency ambulance machine. Diagnosed with direction-"acute appendicitis.

On examination, the patient may not lie motionless in connection with severe pain. Specifies the point in the lower right quadrant of the abdomen as the place of greatest pain, but adds that there is a feeling of mild pain in the right big sex lips and right angle kostovertebralnogo. Feels frequent desire to urinate, but urine almost never released. By palpation of the abdomen is marked tenderness in the lower right square. Symptom Shchyotkina-negative Bljumberga. When vaginal study changes were found. Urine test: color dark yellow, pH 6.0, the density of 1020, red 20-30 in sight, white 5-10.

WILL THE DATA HISTORY AND OBJECTIVE STUDY AGREE WITH THE DIAGNOSIS OF THE SENDING INSTITUTION? WHY?

WHAT RESEARCH SHOULD BE HELD TO REFINE THE DIAGNOSIS?

**Task 4**

A patient 44 years old considers herself ill for one year when the pain first appeared in the left half of the lower back and abdomen sharp character. Pain stoped after taking spazmoliticakih preparations and hot baths. A month ago, abdominal pain and lower back pain stopped, but began to bother Resi when speeded up urinating, pain radiating into the head of the penis. Urine flow is often interrupted, standing urination dramatically difficult. Lying on the side of urine flow is not interrupted. Intermittent total or end-hematuria.

PUT THE PRELIMINARY DIAGNOSIS.

EXPLAIN THE PLAN OF SURVEY AND TREATMENT OF THE PATIENT IN THE CASE OF HIS CONFIRMATION.

**Task 5**

In the urological hospital received 35 years old patient complaining of paroxysmal pain in right waist area, accompanied by nausea, vomiting, frequent urges to urinate. Objectively: the overall condition in deep. palpation is determined by soreness in the area of the right kidney. Symptom Pasternackogo the right is positive. The overview picture of the urinary tract at the level IV of the lumbar vertebra on the right is determined by the shadow, suspicious at the konkrement oval size 0.8 \* 0.6 cm.

WHAT ADDITIONAL X-RAY STUDIES MUST BE MADE TO DETERMINE THE NATURE OF THE IDENTIFIED SHADOWS?

**Task 6**

The patient 48 years enrolled in the clinic with complaints of frequent painful urination, blood in urine excretion. Sick for 4 months.

The abdomen is soft, the kidneys are not palpable. Symptom Pasternackogo negative on both sides. External genitals are developed correctly. The prostate gland is not increased, smooth, elastic. Median notch is expressed, Rectal Mucosa over prostate unsteady. The overview picture of the urinary system of shadows of concrements in the projection of the urinary tract is not defined. Dysuria, proteinuria, pyuria, mikrogematuria. Twice during his stay at the clinic is marked by a total macrogematuria with messy clots of blood.

WHAT IS THE SOURCE OF BLEEDING?

WHICH RESEARCH METHOD SHOULD PRODUCE?

**Task 7**

Duty urologist, who has ended only emergency operation in 3:00 nights of admissions that brought the patient with total hematuria. Painless hematuria, emerged for the first time. In the past 3 months notes diminution, loss of appetite, weight loss on 4 kg.

Objective study found satisfactory condition of the patient, the lack of any pathological changes. Urine macroscopically moderately colored blood, there is a single cherveobraznye clots.

WHICH RESEARCH METHOD SHOULD PRODUCE?

WHAT IS THE URGENCY OF IT?

**Task 8**

32 years old patient complaining of a sharp pain in the right abdomen, nausea. Twice there was vomiting. Sick two hours ago, when there was a right pain in the lumbar region, which soon moved to the corresponding half of the abdomen. Taken to the emergency room.

Objectively: body temperature is 36.9 c, pulse-62 in 1 minute, rhythmic. The right part of the abdomen behind the Act of breathing. Symptom Pasternackogo right weakly positive. By palpation of the abdomen is determined by local pain in the right iliac region. Peritoneal symptoms No. Uchashheno urination, small portions.

WHAT KIND OF DISEASES YOU CAN THINK AND WHY?

WHAT RESEARCH SHOULD URGENTLY UNDERTAKE TO CLARIFY THE DIAGNOSIS?

**Task 9**

32 patient years typical picture right renal colic. To review a radiograph of the urinary system in the projection of the lower third of the right ureter is determined by the shadow stone size 0.8 \* 0.4 cm. After injection of 5 ml of Dior becomes House/and in the warm bath of pain subsided, but after 30 minutes again resumed. Made the blockade the round ligament of the uterus by Lorin-Jepshtejnu. The pain subsided for a short period and then resumed again. Sick hectic, taking the various provisions, moans, asks for help.

WHAT SHOULD I DO TO RELIEVE RENAL COLIC?

**Task 10**

44 years patient suffering stone lower third ureter, left 6:00 ago arose attack left renal colic, increased body temperature up to 38.4° c, was a terrific chills. Stomach painful in the left hypochondrium, palpated a painful lower pole of the left kidney. To review a radiograph of the urinary system in projection jukstavezikalnogo Division left ureter is determined by the shadow of ureteral stones with dimensions 0.5 \* 0.4 cm.

SOME CONSERVATIVE TREATMENT METHOD WILL HOPE FOR MILD ACUTE PYELONEPHRITIS?

**Task 11**

Sick 65 years complains about urination when walking and shaking. Sometimes an interrupt occurs jet of urine during urination.

YOUR ESTIMATED DIAGNOSED?

WHAT STUDIES SUGGEST HOLD FOR FURTHER DIAGNOSIS?

WHAT IS THERAPY?

**Task 12**

Patient 37 years suddenly emerged sharp pain in right lumbar region, irradiirujushhaja in the thigh. Restless behavior, frequent urination. Fresh red blood cells in the urine analysis.

YOUR ESTIMATED DIAGNOSED?

WHAT SYNERGIC OFFER HOLD FOR FURTHER DIAGNOSIS?

WHAT IS THERAPY?

**Task 13**

U sick 40 years during 3 days there is a left back pain accompanied by fever to 39-40° c, oznobami, piuriej. From the history it is known that the stone was discovered a year ago, the upper third of the left ureter size 1.5 \* 1.0 cm. Suggested surgical treatment from which the patient refused.

YOUR ESTIMATED DIAGNOSED?

WHAT STUDIES SUGGEST HOLD FOR FURTHER DIAGNOSIS?

WHAT IS THERAPY?

**Task 14**

Patient 30 years delivered to foster peace with a typical attack of renal colic right. After the introduction of case drugs colic was cupped off, sick was released home with recommendation experience urological. A week later in the clinic was x-ray examination. The review urogramme right at the level V lumbar vertebra there is shade sizes 0.5 × 0.3 cm suspicious at konkrement. at excretory urogramme left kidney and ureter have been changed right the minimum violation of kidney function and slight urethral extension over the shadow of ureteral stones.

WHAT IS THE DIAGNOSIS?

SPECIFY TREATMENT OPTIONS THAT CAN BE APPLIED IN A GIVEN SITUATION.

**Task 15**

The patient had clinical signs characteristic of urolithiasis, makrogematuriju notes periodically, especially after physical exertion, shaking away, long walk. The overview picture of the urinary system of shadows, suspicious on konkrement, have not been identified.

WHAT IS THE PLAN OF SURVEY WITH A VIEW TO IDENTIFYING RENTGENONEGATIVEH STONES?

WHAT IS THE ROLE OF THE RADIOISOTOPE AND ULTRASONIC METHODS OF RESEARCH?

**Task 16**

Patient 55 years when the survey identified coralloides left kidney stone. When hromocistoskopii Indigo Carmine from the left mouth of the ureter none selecting shows out of it thick pus. On exkrethornykh urogrammah contrast agent in the projection of the left kidney is missing. Right kidney function is not changed. The radionuclide renogramme: right-vascularization, secretion and excretion of broken left-"dumb" Bud.

WHAT TACTICS?

**Task 17**

The patient underwent a pielolitotomiju about uratnogo stone right kidney.

WHAT ARE THE RECOMMENDATIONS FOR PREVENTION OF RELAPSE OF UROLITHIASIS, YOU MUST GIVE THE PATIENT?

**Task 18**

Ill 50 years 3 years ago was an attack of pain in right waist area and right abdomen. Pain stoped spontaneously, after applying a warm heating pad. Medical care is not sought, not full and not treated. Fried mushrooms pokushala yesterday morning. In the afternoon appeared three times was nausea vomiting. Notes the absence of urine and the urge to urinate in the past 8:00 pm. Objective study the condition of the patient. Skin dry, pale. Sick of high nutrition, behavior. Pulse 100 beats/min, rhythmic. HELL-160/90 mm Hg. The language is dry, not hedged. The abdomen is soft, slightly painful in podreberjah; Kidney palpate fails due to obesity. Symptom Pasternackogo weakly positive by both sides. Blood sugar-13.8 mmol/l urea serum-21.6 mmol/l.

WHICH RESEARCH METHOD SHOULD PROCEED TO ESTABLISH THE NATURE OF THE ANURI?

WHAT KIND OF TREATMENT WILL BE DETERMINED DEPENDING ON THE TYPE OF ANURII?

**Task 19**

Patient 26 years of aching pain appeared this morning in the right iliac region, usilivavshiesja in the afternoon. Notes the frequent craving for urinating, increased body temperature up to 37.8°, was poznablivanie. There was a one-time vomiting. Before such pain patient not observed. Language with whitish bloom, suhovat. The belly is not swollen by palpation soft boleznenen in the right iliac region. There is also noted a slight muscle strain of the anterior abdominal wall. Kidneys are not palpable. Symptom Shchyotkina-Bljumberga right dubious left is negative. Symptom Pasternackogo weakly positive right. Leucocytosis 12000. In the analysis of urine the reaction of acidic protein 0.033 g/l, white 8-10 in sight, red blood cells fresh isolated. To review a radiograph of the urinary system of shadows, suspicious on calculus, not revealed, shadows of the kidneys is not clearly visible because of the laminated intestinal gas.

YOUR PRESUMPTIVE DIAGNOSIS.

WHAT STUDIES ARE NEEDED IN THIS CASE FOR DIFFERENTIAL DIAGNOSIS?

**SEMINARY lesson # 4**

**"RADIATION AND RADIOISOTOPE DIAGNOSTICS IN UROLOGY.**

**Basic concepts of themes of practice**

Overview of x-ray of the urogenital system. Technics of performance of excretory and infusion urografij, retrograde by IV pyelography, antegradnoj by IV pyelography, angiography, renal cistografii in various modifications, prostatografii, uretrografii. Indications and contraindications for the use of each method of investigation, dangers and possible complications, measures to combat them. Rentgenocontrast materials. Reading the typical x-ray urological diseases,

**Ultrasound Diagnostics** in diseases of the kidney, bladder, prostate and scrotum organs. Computed tomography, resolution, testimonies. Magnetic resonance imaging, indications, technics of performance.

**Functional diagnostics** urological diseases. Radioisotope diagnostic methods. Urodynamic study techniques. Uroflowmetry. Cistometrija.

How to define separate renal function: laboratory, radiological, isotope, instrumental. The concept of total kidney function.

**TEST TASKS**

Select one or more correct answers

1. When in/with the introduction of radiopaque substances are possible complications

1) allergic manifestations (skin rashes, swelling angioneuroticeski, broncho-and laringospazm, cough)

2) anafilakticheskj shock

3) macrogematuria

4) acute renal failure

5) 1 correctly), 2)

2. Indications for retrograde ureteropielografii

1) hydronephrosis with Ureteral pelvic patency segment violation

2) tuberculosis of the kidney, ureter

3) acute pyelonephritis

4) urethral stricture

5) 1 correctly), 2), 4)

3. Ultrasound scan of the kidneys it is advisable

1) when stone (urate) Cup of kidney

2) when Kidney stone korallovidnom

3) when the ureter stone

4) in any case,

5) in all cases,

4. Review and excretory urography suitable

1) at stones of both kidneys enlarged cerebral ventricles.

2) when Kidney stone korallovidnom

3) at stones of ureter

4) when uric acid stones of kidneys and ureters

5) in all cases,

5. X-ray study of urethra shows

1) in acute urethritis

2) prostatitis and vezikulite

3) in case of strikturu urethra

4) when torpidnom reaches urethritis

5) 5) correctly 1) and 2)

6. When the clinic vnebrjushinnogo of bladder rupture must be made

1) Tunneling cistografiju

2) upward cistografiju the direct projection

3) rising cistografiju in the lateral projection

4) rising cistografiju with dual saline volume of contrast material (in the straight and lateral projection) and deliberately shot the pelvis after emptying the bladder

5) cistoskopiju

7. Indications to antegradnoj are by IV pyelography

1) a stone or tumor urethral blockade buds

2) finding validation nefrostomy

3) determining the patency of the upper urinary tract

4) hydronephrosis with impaired patency of the pelvic-ureteric segment

5) all of the above

8. Indications for retrograde pieloureterografii are

1) urate kidney or ureter stone

2) papillary tumor of the pelvis

3) tuberculosis of the kidney

4) all of the above

5) only 1) and 2)

9. Complications of retrograde pieloureterografii are

1) perforation of kidney and ureter

2) acute pyelonephritis

3) retroperitoneal Phlegmon

4) Hydrocele

5) 1 correctly), 2), 3)

10. "Delayed cystography" is

1) cystography, made in distant periods after injury of the bladder

2) cystography, made in distant after excretory urography

3) rising cystography in two projections, the bladder is not emptied from x-ray fluid during the 20-25 mines and produced repeated cystography

4) cystography after emptying the bladder

5) cystography after additional introduction in bladder x-ray fluid

11. An ultrasound scan enables you to identify uratne stones cups with diameter 1.0 cm

1) does not allow

2) in 10-20% of cases

3) in 20-50% of cases

4) in 50-90% of cases

5) in 100% of cases

12. ultrasound Visualization "dumb" scan of the kidneys

1) impossible

2) available in 100% of cases

3) available in 70% of cases

4) available in 50% of cases

5) available in 20-40% of cases

13. When introducing radiopaque substances are possible all of these reactions, in addition to

1) headaches and dizziness

2) feeling the heat

3) metallic taste in mouth

4) makrogematurii

5) fall ad within 20 mmHg, shock

14. when analysing the review cannot be interpreted urogrammy

1) the State of the visible part of the skeletal system

2) the contours of the ureter

3) the contours of the lumbar muscles

4) shape, size, or position of kidneys

5) Shadows, suspicious on calculus

15. Ultrasound signs of kidney cancer

1) three-dimensional rounded education

2) surround ovoidnoj education forms

3) thin-section surround hypoechogenic education structure

4) surround education rounded shape with uneven jehostrukturoj

5) gipojehogennoe surround education with capsule 2-3 mm

16. Renders the ureters by ultrasound scanning is possible

1) in all cases,

2) never

3) if they are not extended

4) if they are extended (urine)

5) in 50% of all research

17. computer-aided x-ray tomography of the most suitable

1) when Kidney stone korallovidnom

2) when both kidneys stones (cups, lohanka)

3) with gidronefroticheskoj transformation

4) in case of kidney cancer

5) in any case,

18. simple kidney cyst symptoms Ultrasound

1) three-dimensional rounded education

2) three-dimensional rounded education with hypoechogenic structure

3) solid (tissue) formation of rounded shape

4) solid education rounded shape with smooth contours

5) three-dimensional rounded education with hypoechogenic structures and with the phenomenon of the distal-signal amplification

19. the review urography is to

1) clarify the functions of the kidneys.

2) clarification of bladder function.

3) evaluation of the function of the ureters.

4) identify suspicious shadows concrements in the projection of the kidneys and urinary tract.

5) diagnosis of kidney cancer.

20. Rising uretrocistografija used for Diagnostics

1) the gap of the urethra

2) kidney cancer

3) bladder cancer

4) kidney injury

5) prostatitis

**SITUATIONAL TASKS**

**Task 1**

Patient 30 years enrolled in the clinic with complaints of increased blood pressure up to 190/120 mm Hg. Church, sick after lumbar contusion. During the year unsuccessfully treated in inpatient treatment. 80 pulse beats/min, rhythmic, stressful. Heart tones deaf. The focus of the second tone to the aorta. Kidneys are not palpable. Symptom Pasternackogo negative on both sides. If auscultation in the projection of renal vessels on the front wall of the abdomen-rough systolic murmur. Into severe cystectasia due to no.

YOUR PRELIMINARY DIAGNOSIS?

WHAT RESEARCH IS NEEDED TO CLARIFY THE DIAGNOSIS?

**Task 2**

Sick 40 years. Over 5 years notes dull pain in the lumbar region on the right side, headaches, increased blood pressure up to 180/110 mm Hg. Church. Repeatedly was in urological hospitals about chronic pyelonephritis. A year ago, diagnosed kidney wrinkled on the right. He entered the clinic about the elevated blood pressure. Pulse 84 BPM. Heart tones deaf. The abdomen is soft. Kidneys are not palpable. Symptom Pasternackogo is negative. Sometimes it happens mikrogematuria. Overview of the urinary system kidney shadow shot. Shadows concrements No. On exkrethornykh urogrammah-reducing the size of right kidney. Deformation of the ureters-lohanochnoj systems (roughness, contour cups extension kolbovidnoe the right kidney).

YOUR DIAGNOSIS?

FURTHER RESEARCH METHODS?

**Task 3**

Patient 42 years complains of recurrent pain nojushhego character in the left lumbar region, intermittent urination with rezjami. Considers herself ill for 1 year. The general condition is satisfactory. Kidneys are not palpable. By palpation in the area left kidney determined moderate pain. Symptom Pasternackogo negative on both sides. Blood tests are normal. Urine test: 1028 density, white 0-2, 10-15 erythrocytes in sight, crystals of uric acid in large quantities. The overview picture of kidneys and urinary tract, suspicious shadows on calculus.

WHETHER IT IS POSSIBLE ON THE BASIS OF THE STUDY EXCLUDE UROLITHIC ILLNESS?

WHAT IS AN X-RAY STUDY MUST BE MADE TO REFINE THE DIAGNOSIS?

WHAT IS THE ROLE OF JEHOSKANIROVANIJA?

**Task 4**

Patient 27 years 6 years ago suffered the trauma of the lumbar region. From the words of the patient, after an injury in the urine found elevated levels of red blood cells. After three weeks, urine normalized. During the year, felt good. Complaints are not filed. 5 years ago the preventive inspection revealed high blood pressure (180/100 mm Hg-200 \ 115 mm Hg). Hypertensive therapy proved to be ineffective, and therefore suspected of having perpetuated nefrogennaja hypertension. Sent to the urologist. Kidneys are not palpable. Symptom Pasternackogo negative on both sides. Common analysis of blood and urine tests are normal. To review the radiograph urinary tract kidney contours are not visible, shadows, suspicious on calculus No. The excretory urogramme right contrast agent performs an unmodified lohanochnuju ureters system left a contrast dye. In echography-right kidney normal size, left-reduced in size.

WHAT IS AN X-RAY STUDY MUST BE MADE TO CONFIRM OR EXCLUDE NEPHROGENIC HYPERTENSION?

**Task 5**

Patient 26 years of aching pain appeared this morning in the right iliac region, increased by the evening. Notes the frequent craving for urinating, fever up to 37.8 c, was poznablivanie. There was a one-time vomiting. Before such pain patient not observed.

Language with whitish bloom, suhovat. The belly is not swollen by palpation, mild painful in the right iliac region. There is also noted a slight muscle strain of the anterior abdominal wall. Kidneys are not palpable. Symptom Shchyotkina-Bljumberga right dubious left is negative. Symptom Pasternackogo weakly positive right. Leucocytosis 12000. In the analysis of urine the reaction of acidic, protein 0, 033g/l, white 8-10 in sight, red blood cells fresh isolated. To review a radiograph of the urinary system of shadows, suspicious on calculus, not revealed, shadows of the kidneys are not visible due to the laminated intestinal gas.

YOUR ESTIMATED DIAGNOSED?

WHAT STUDIES ARE NEEDED IN THIS CASE FOR DIFFERENTIAL DIAGNOSIS?

**Task 6**

In urology came 35 years old woman complaining of paroxysmal pain in right waist area, accompanied by nausea, vomiting and frequent urges to urinate. The overview picture of the urinary tract, at the level of the transverse process of the 5th lumbar vertebra 4 right is determined by the shadow of suspect at konkrement oval sizes 0.5 \* 0.5 cm.

WHAT ADDITIONAL X-RAY STUDIES MUST BE MADE TO DETERMINE THE NATURE OF THE DISCOVERED SHADOW?

**Task 7**

60 years in a patient with macrogematuria painless cherveobraznymi clots of blood. At cystoscopy for bladder mucosa was normal, from the mouth of the left ureter was blood. To review the radiograph urinary tract kidney does not define the contours, shadows, suspicious concrements in the projection of the urinary tract No. On exkrethornykh urogrammah of pathological changes in the lohanochnoj ureters projection system has been revealed. Arcade radiopaque on mochetochnikam is not breached.

WHAT KIND OF DISEASE IN THE FIRST PLACE TO THINK?

WHAT X-RAY AND OTHER STUDIES FOR DIAGNOSIS SHOULD BE MADE?

**Task 8**

The patient 55 years enrolled in the Urology Clinic with complaints of frequent painful urination, blood in urine excretion. Sick for 4 months. Belly soft painless. Kidneys are not palpable. Symptom Pasternackogo negative on both sides. The prostate gland is not increased, with smooth surface, painless. The overview picture of the urinary system calculus suspicious shadows no. During your stay at the clinic the patient appeared total macrogematuria with painless formless clots of blood, therefore, was made an urgent cystoscopy. On the left side wall of the bladder tumor grubovorsinchataja detected in the three fields of view, tsistoskopa on a broad basis, lays aside not shadow. Right ureter estuary is located in a typical location, of the form shhelevidnoj. The left mouth of the ureter is not defined.

WHAT X-RAY RESEARCH METHODS SHOULD BE RUN TO SELECT THE NATURE AND EXTENT OF SURGICAL TREATMENT?

**Task 9**

When x-ray study of a patient with suspected stone left ureter overview picture in the pelvis on both sides are determined by multiple shadows round shape, sizes up to 8 mm in diameter, with a prosvetlenijami at the Centre.

WHAT ARE THESE SHADOWS AND WHETHER THEY ARE CHARACTERISTIC FOR KIDNEY STONES?

WHAT OTHER PATHOLOGICAL PROCESSES IN THE PELVIC AREA CAN REVIEW PICTURE TO SIMULATE THE URINARY STONES?

**Task 10**

Sick 40 years, notes the dull pain in the lumbar region, increased blood pressure up to 180/110 mm Hg. Sick 6 years. Normal physique, power saver. The abdomen is soft. Kidneys are not palpable. Symptom Pasternackogo is negative. Into severe cystectasia due to no. The overview picture shadow not calculus of urinary system. The urogrammah marks the slow selection radiopaque right kidney. Arcade radiopaque on mochetochnikam is not breached. The aortogramme is marked narrowing of the right renal artery at the confluence of her aorta. A similar picture on selective right-handed arteriogramme buds.

WHAT CAUSES HYPERTENSION?

YOUR TREATMENT?

**Task 11**

Patient 13 years. Complains of severe headaches, repetitive hypertensive crises, a sharp increase of Visual acuity. Ill within one year. Pursued by hypertensive therapy using ganglioblokatorov proved ineffective. Pulse on the right radial artery 70 beats per minute, satisfactory content. On the left radial artery pulse weak content. On the projection of the abdominal aorta above the navel-systolic murmur. Hell on the brachial artery on the right 210/140 left 170/140 mm Hg.

WHAT IS THE NATURE OF HYPERTENSION SHOULD THINK BASED ON CLINICAL DATA?

WHICH SHOWS ADDITIONAL RESEARCH METHODS?

**Task 12**

Patient of asthenic physique after physical stress appear paroxysmal pain in the lumbar region on the right. Horizontal body pain gradually pass. The abdomen is soft, painless. In the right podreberie palpable tumorous formation of smooth, maloboleznennoe, mobile. Symptom Pasternackogo is negative. Urination free, painless.

WHAT DISEASE YOU CAN THINK OF?

WHAT RESEARCH METHODS SHOWING?

**Task 13**

Ill 50 years came into the clinic for a survey at mikrogematurii. Kidneys are not palpated, painless, into severe cystectasia due to no. At cystoscopy pathology have not been identified. To review the radiograph kidneys normal shape, size and position, the shadow of concrements are not defined. The exkrethornykh urogrammah in the sack left kidney defect filling with jagged edges.

PRELIMINARY DIAGNOSIS?

WHAT METHODS OF SURVEY SHOWING FOR FURTHER DIAGNOSIS?

**SEMINARY lesson # 5**

**"ACUTE INFLAMMATORY DISEASES OF THE UROGENITAL SYSTEM.**

**"NEFROGENNYE HYPERTENSION.**

**TUBERCULOSIS OF GENITOURINARY SYSTEM»**

**Basic concepts of themes of practice**

Types of infections**.** ways of penetration and distribution. Cystitis: acute and chronic (caused by bladder stones, bladder tumor). Paracistit. Epididymitis. Prostatitis. Prostate abscess. Vesiculitis. Urethritis. Balanitis, balanopostit. Clinical signs, diagnosis and treatment. Differential diagnosis of cystitis and forms of cystalgia.

**PYELONEPHRITIS**

**Classification, etiology and pathogenesis.** The role of the broken passage of urine, cystic-ureteral reflux, pelvis-renal refluxes and extravasation of urine. Nonobstructive (primary) and (secondary) obstructive pyelonephritis. Pyelonephritis pregnant (gestational).

**Pathological anatomy pyelonephritis** (apostematoznyj nephritis, renal Carbuncle pyonephrosis, kidney wrinkled).

**Symptomatology.** Diagnostics (clinical, laboratory, x-ray, ultrasound).

**Treatment.** The role of restoring passage of urine. Indications for conservative and operative treatment forecast. prevention. Bakteriotoksicheskij shock. Pathogenesis. Prevention Therapy.

**PARANEFRIT**

Etiology, pathogenesis, and pathological anatomy. Symptomatology. During diagnosis, treatment (surgical-conservative), prevention.

**NEFROGENNAJA HYPERTENSION**

Classification of Nephrogenic hypertension (renovascular, parenhimatoznaja, mixed).

**Etiology and pathogenesis,** hyper-endocrine factors and hypotensive apparatus of the kidney, role of ischemia and impaired venous drainage from the kidney.

**Symptoms and course of Nephrogenic hypertension.** Diseases of the kidneys, causing a rise in blood pressure (stenosis, aneurysm of renal artery, nephroptosis, swelling the kidney parenchyma, pyelonephritis, Glomerulonephritis, diabetic glomeruloskleroz, amyloidosis, polycystic kidney disease).

**Diagnosis of Nephrogenic hypertension:** tonometry, auscultation of the projection of the renal artery, renal arteries dopplerography, retinoscopy. Ultrasonography. Excretory urography in horizontal and vertical position. vascular renal research ( dynamic and static nefroscintigrafija, radioisotope angiography of the kidneys). Differential diagnosis.

**Indications for various treatments** (Endovascular Balloon dilatation, recanalization, Endoprosthesis, endarterectomy, plastic operations on renal vessels, nephropexy, nephrectomy). dates of treatment, outcome, prognosis, complications, prevention, clinical supervision for the sick.

**TUBERCULOSIS OF GENITOURINARY SYSTEM**

Tuberculosis of the kidney and urinary tract (secondary tuberculosis). Etiology. Ways of penetration and spread of infection, pathogenesis. Pathological anatomy**.**

**Symptoms** tuberculosis of the kidney and urinary tract.

**Diagnostics** : clinical, laboratory (analysis of urine, bakterioskopicheskaja, using fluorescence microscopy, biological, bacteriological, flotation method), of a kind used for sowing Wednesday MTB. Tuberculin diagnosis-indications and contraindications, score. Ultrasound and x-ray Diagnostics (clinical and radiological forms of tuberculosis of the kidney), endoscopic Diagnostics with biopsy of the bladder, the morphological diagnosis. Complications of renal tuberculosis and urinary tract infections. Differential diagnosis.

**Treatment:** chemotherapeutic and surgical, indications and contraindications. Operations: nephrectomy, nefrureterjektomija, kidney resection, kavernotomija, kavernjektomija, plastic operation on ureter (ureteroureterostomija, enteric plastic, ureterocistostomija).

**Tuberculosis of the urinary bladder:** entry for infection. Pathogenesis. Pathological Anatomy clinical picture.: laboratory Diagnostics, endoscopy with biopsy mucosa. Complications. Treatment: conservative and operative (enteric plastic). Prevention.

**Tuberculosis of the reproductive system:** tuberculosis of epididymis, prostate, seminal vesicles. ways of penetration and infection. Pathological Anatomy clinical picture. diagnosis: laboratory and morphological: conservative and operative- jepididimjektomija. Organization to combat urinary tuberculosis in Russia.

**TEST TASKS**

Choose one correct answer

1. NON-INVASIVE TECHNIQUES, the MOST INFORMATIVE in the diagnosis of URINARY TUBERCULOSIS

1) rentgenurologicheskie

2) ultrasonic

3) radioisotope

4) bacteriological

4) bacterioscopic

2. A COMPLICATION of CHRONIC PROSTATITIS

1) periuretralnyh gland adenoma

2) prostate cancer

3) sclerosis of the prostate

4) Carbuncle

5) kraurosis of the vulva

3. RADIOLOGICAL SIGNS of RENAL TUBERCULOSIS on EXCRETORY UROGRAMME are

1) stricture necks cups or pieloureteralnogo segment of ureter

2) additional cavities in the parenchyma of kidney

3) "izedennost" the renal papilla

4) the lack of kidney function

5) true 1) 2) 3) 4)

4. CLICK the BODY of the IPU, which is MOST COMMONLY AFFECTED FIRST in UROGENITAL TB

1) bud

2) ureter

1) bladder

2) prostate gland

3) the testicles

5. SIGNS characteristic of CHRONIC CYSTITIS

1) more often in women.

2) always a specific etiology.

3) develops after trauma.

4) accompanied by fever hectic type.

5) true 1) 2) 3) 4)

6. Disease that CANNOT "SIMULATE" ACUTE CYSTITIS

1) intramuralnogo Division of ureter stone

2) acute prostatitis

3) foreign body of bladder

4) funikulit

5) adenoma prostate I stage

7. FORM of ACUTE PURULENT PYELONEPHRITIS is

1. interim purulent jade

2. apostematoznyj

3. abscess

4. Carbuncle

5) true 2) 3) 4)

8. Acute Bacterial pyelonephritis is more often

1) Escherichia coli

1) Proteus

2) stick blue-green pus

3) aureus

4) enterococci

9. Factors contributing to the EMERGENCE of ACUTE PYELONEPHRITIS, are

1) polyuria

2) overheating

3) violation of the passage of urine and the outflow of venous blood from kidneys

4) violation of the flow of arterial blood to the kidney

5) CHRI

10. changes in the kidney in ACUTE PURULENT PYELONEPHRITIS is CHARACTERIZED by

1) violation of vascular permeability

2) leukocyte infiltration and external opening fabric

3) microbes in tissue and external opening accumulation

4) destruction of kidney tissue (canaliculi and clubockov)

5) true 1) 2) 3) 4)

11. The MOST COMMON CAUSE of PYELONEPHRITIS in pregnancy is

1) dilation of ureter through hormonal changes

2) compression of the ureters (the right to a greater extent) the enlarged uterus

3) decrease of reactivity

4) urinary tract infection before pregnancy

5) true 1) 2) 3) 4)

12. For ACUTE PURULENT PARANEFRITA at the disease onset is CHARACTERIZED by

1) purulent fever

2) permanent type of fever

3) intermittent fever

4) subfebrilnaya temperature

5) normal body temperature

13. The MAIN VALUE in causing CYSTITIS is ATTACHED to

1) local circulatory disorders

2) physical factors

3) infection

4) chemical factors

5) common factors

14. In developing CYSTITIS PLAY a ROLE

1) conditionally pathogenic microorganisms

2) Mycoplasma

3) viruses

4) Chlamydia

5) true 1) 2) 3) 4)

15. The SWELLING BALANOPOSTIT is INFLAMMATION

1) only the foreskin of the penis

2) only the Glans of the penis

3) paraurethral glands

4) the foreskin and Glans penis

5) the skin of the scrotum

16. KAVERNIT-IT

1) inflammation of the corpus cavernosum penis

2) fibroplasticheskaja penile induration

3) Phlebothrombosis penile skin

4) inflammation of the spongy body of urethra

5) inflammation is cavernous and spongy bodies of the penis

17. acute INFECTION EPIDIDYMITIS SHOULD DIFFERENTIATE

1) with reabrupt and gidatid necrosis

2) with prostatitis

3) with kavernitom

1) with Fournier gangrene

2) with balanopostitom

18. the ETIOLOGICAL FACTORS in causing PROSTATITIS are

1) bacteria and viruses

2) Mycoplasma and chlamydia

3) Trichomonas

4) Mycobacterium tuberculosis

5) true 1) 2) 3) 4)

19. PROSTATE INFECTION is MOST LIKELY to OCCUR

1) by hematogenic osteomyelitis

2) by limfogennym

3) go by

4) suffer from eating

5) urinogennym

20. COMPLICATION of ACUTE PROSTATITIS CAN BE

1) acute cholecystitis

2) urethritis

**3)** arthritis

4) prostate abscess

5) the swelling balanopostit

**SITUATIONAL TASKS**

**Task 1**

Ill 35 years turned to the clinic about the blunt pain in sacrum area in inguinal areas, irradiirushhih in the scrotum; the times notes the pain when urinating.

The abdomen is soft, painless. Kidneys are not palpable. Symptom Pasternackogo negative on both sides. Prostate gland normal size, smooth, painful at palpation, right its share of edematous. Pyuria in third helpings secret prostate — a large number of leukocytes.

DISEASE WHICH AUTHORITY CAN BE ATTRIBUTED TO THE SPECIFIED SYMPTOMS?

**Task 2**

The patient had high body temperature, chills, pulsating pain in the perineum, dysuria. Rectal exploration has sharply painful, enlarged prostate gland.

YOUR DIAGNOSIS?

THERAPEUTIC TACTICS?

**Task 3**

Ill 35 years came into the clinic with complaints of general weakness, temperature increases of up to 39 c, shivers, dull pain in the lumbar region on the left side, headaches. The patient himself believes in two days. the General State of moderate. Pulse 112 BPM in 1 min, rhythmic, satisfactory content. HELL 110/55 mmHg in the lungs breath vezikuljarnoe, soft belly. Kidneys are not palpable palpation of the left pane. the buds are sharply painful. Symptom Pasternackogo left positive. Urination is not broken, although I noticed that since the onset of the disease decreased amount of urine.

WHAT IS THE PRELIMINARY DIAGNOSIS?

WHAT RESEARCH THERE IS AN URGENT NEED TO PRODUCE TO ESTABLISH A DEFINITIVE DIAGNOSIS?

**Task 4**

Ill 35 years, came into the clinic with complaints of general weakness, temperature increases of up to 39 c, shivers, dull pain in the lumbar region on the left side, headaches. The patient himself believes in two days. the General State of moderate. Pulse 112 BPM in 1 min, rhythmic, satisfactory content. HELL 110/55 mmHg in the lungs breath vezikuljarnoe, soft belly. Kidneys are not palpable palpation of the left pane. the buds are sharply painful. Symptom Pasternackogo left positive. Urination is not broken, although I noticed that since the onset of the disease decreased amount of urine.

Blood test: hemoglobin 128 g/l, l., p. 8 12.4%, with 56%, lymphomas.. 32%, 3%, m. e. 1%, ESR-18 mm per hour, urine color: light yellow, pH 6.4, the density of 1030, e. 3-5, l. 18-20 in sight. Overview of the urinary system shot to the left transverse process level III lumbar vertebra shadow suspect at konkrement, size 6 x 4 mm. The exkrethornykh urogrammah in the lohanochnoj ureters system right kidney and ureter pathological changes not. On the left is moderate, expansion of pielojektazija ureter proximal to the specified shadow. When polipozicionnoj urography this shadow matches the shade of ureter, executed radiopaque.

PUT A DEFINITIVE DIAGNOSIS.

DEFINE THE TACTICS OF TREATMENT.

**Task 5**

Ill 20 years nursing mother. Complains of intermittent small pain in the lumbar region and abdominal uncertain localizations, mostly on the right, accompanied by several faster urinate, subfebrilitetom, malaise, headache. Onset is associated with pregnancy, when the second trimester suddenly increased body temperature up to 38°, there were pain in the lumbar region on the right, there were changes in the urine analysis. Was hospitalized in urological Hospital where she was treated for two weeks, issued for the recovery. Gave birth to 8 months ago.

Objectively the changes by the internal organs have not been identified. Kidneys are not palpable, scope them painless, symptom Pasternackogo negative on both sides. HELL 120/60 mm. Church. General blood test normal. Urinalysis: no protein, pH 6.2, the density of 1020, jeritr. 0-1, Lake. 12-15.

WHAT DIAGNOSIS IT IS EXPECTED?

WHAT YOU NEED TO MAKE A SURVEY TO CONFIRM THE DIAGNOSIS?

**Task 6**

Sick of 68 years. Complaints of fever to 38.5°, shivers, heavy sweats, pain in the lumbar region. These symptoms appeared two days ago. Through additional questioning reveals that approximately within a year of difficult urination, weak urine flow, night from 3 up to 5 urinates times. For those urination disorders a physician did not apply because he thought that they were the age of the character.

When an objective study of pathological changes of the chest. Pulse 112 hits in 1 min, hell 140/85 mm. Church. Notes the dryness of the skin. Kidneys are not palpable. When deep palpation in the kidneys notes moderate pain. Symptom Pasternackogo weakly positive by both sides. When the digital study through the rectum prostate size 5 x 6 cm, elastic texture, the surface is smooth. Rectal wall above it is movable.

WHAT DIAGNOSIS IT IS EXPECTED?

WHAT IS A SURVEY NECESSARY?

WHAT IS THE TREATMENT?

**Task 7**

Sick 40 years came into the clinic with complaints of dull pain in the lumbar region on the right side, at times the temperature increase to 37.3°, selection of turbid urine. Considers herself ill for 8 years when the symptoms first appeared several times on regarding this disease was in the urological clinics. Pulse 88 strikes in 1 min, rhythmic, stressful. HELL 180/105 mmHg heart tones muted. The abdomen is soft, the kidneys are not palpable. Symptom Pasternackogo weakly positive right. Urination is not violated. Pyuria. On the overview picture urinary system shadows concrements. Kidney outlines are defined vaguely. On exkrethornykh urogrammah left in the pelvic-tools system and ureter changes. Right kidney size 9 X 7 cm with rough surface. Contrast material in its cavities is not defined. The aortogramme arterial vessels of the right kidney istoncheny, places marked avascular lesions well delineated areas, symptom "obgorelogo wood" is positive.

YOUR DIAGNOSIS?

WHAT TACTICS?

**Task 8**

Sick 8 years complains of recurrent pain in the lumbar region and abdominal cramps, loss of appetite, weakness. Temperature, subfebrile usually, but sometimes for a short time (a few hours) rises above 38 deg With words mothers often suffers from angina.

Objectively: paleness. From the side of the thorax organs changes have been detected. The abdomen is soft. Kidneys are not palpable. When deep palpation in the left kidney area tenderness is noted. Symptom Pasternackogo negative on both sides.

With the word mother when researching periodically marked proteinuria and pyuria. Currently, analysis of urine without deviation from the norm.

NAME THE PRELIMINARY DIAGNOSIS AND SEQUENCING OF ADDITIONAL RESEARCH.

**Task 9**

Patient 36 years complains of frequent painful urination small portions. Considers herself ill for three months, when I first started to celebrate the heart painful urination. Treated under the supervision of a GP from cystitis. After the treatment noted temporary improvement, but a few days after the end of dysuria was resumed. The disease first identified pathological changes in the urine (pyuria, proteinuria) after 10-12 days, three courses of antibiotic therapy continued. History of life found that father sick sick best pulmonary tuberculosis, but the last 5 years removed from the register in Luzhkov. When an objective study of pathological changes were found.

WHAT DISEASES CAN BE CHARACTERIZED BY SYMPTOMS AND PATHOLOGICAL CHANGES OF URINE?

WHAT RESEARCH SHOWING FOR FURTHER DIAGNOSIS?

**Task 10**

A patient 32 years a long time notes the blunt pain in the lumbar region on the right side, at times frequent painful urination, subfebrilitet. Belly soft kidneys are not palpable, symptom Pasternackogo negative. Urine pH is 5.4, density, 1022 Lake — 20 — 21, jeritr. 5-7. When bacteriological examination of urine no microbial flora growth. The overview picture of the urinary system in the projection of the upper pole right kidney an irregularly shaped shade that resembles the contours of deformed upper Cup. exkrethornykh urogrammah On the specified shadow corresponds to the upper Cup, coinciding with its shade, completed radiopaque. In the rest of the pathological changes in the urogrammah No.

WHAT IS KIDNEY DISEASE SHOULD THINK?

THAT SHOULD BE TAKEN TO CLARIFY THE DIAGNOSIS?

**Task 11**

Patient 37 years a long time notes painful urination. Treated with a temporary minor effect on an outpatient basis. In the clinic made hromocistoskopija: cystoscope entered freely, there is no residual urine, bladder capacity is 220 ml, in the area of the mouth of the right ureter defined yellowish bumps surrounded by a zone of hyperemia. The rest of the protjazhenij mucosa is not changed; Indigo Carmine, injected intravenously, stood out from the left of the mouth through the 4 min, right indigokarmina was not within 12 minutes of observation.

Urine test: straw yellow color, pH 6.2-1026 density, protein, 0.32 g/l, Lake. 15-18 in the field of view.

WHAT DIAGNOSIS SHOULD THINK?

WHAT METHODS OF SURVEY SHOWING?

**Task 12**

The patient had 32 years during preventive examinations revealed pyuria. There is a left knee ankylosis after suffering in childhood tuberculous gonita.

THAT MAY CAUSE LEJKOCITURII?

WHAT IS THE PLAN OF SURVEY OF THE PATIENT?

**Task 13**

A patient 44 years. Ill two months ago, when suddenly appeared within hours of pain in the left side of the scrotum its hyperemia, oedema, body temperature rose to 38.6° was in rural divisional hospital, where he received anti-inflammatory therapy. Two weeks later was discharged with a significant improvement. At the time of the inspection notes dull pain in the scrotum on the left. Contact with tuberculosis patients. In the area of the caudal appendage Division left testicle palpated dense Nodular swelling size 2 x 1.5 cm. Here the skin of the scrotum is welded with an appendage, a fistula with meager purulent otdelemam. When the digital rectal study prostate gland normal size and shape, surface, melkobugristaja palpation painful glands.

NAME THE PRELIMINARY DIAGNOSIS AND SPECIFY THE PLAN OF SURVEY OF THE PATIENT.

**Task 14**

The patient 48 years notes pain in the right half of the scrotum, which defined the tripe 2x3cm. right epididymis sealed, increased in size, are in the field of skin scar. within two months Earlier on the site of the scar was festering fistula. Urine test: pH 5.4, protein 0.6 g/l, the density of 1012, Lake jeritr, 80-70. single in sight.

WHAT KIND OF DISEASE SHOULD THINK?

WHAT RESEARCH SHOWING FOR FURTHER DIAGNOSIS?

**Task 15**

Sick 48 years complains of constant pain in right waist area, increasing physical tension. Considers herself ill for six months. Disease began gradually. Over time the disease has lost 5 kg. Subfebrilnaya temperature, urine turbid, and the disappearance of its dimness general condition worsens: amplify pain in the lumbar region and abdominal body temperature rises above 38 c appear shivers. When inspecting the pale skin, subcutaneous fat is poorly developed. By palpation of the abdomen is found painful education respectively localization right kidney. Blood test: hemoglobin 112 g/l, ESR-42 mm per hour. Urine test: pH 7.4, density 1017, erythrocytes, leukocytes 20-25 entirely cover the field of vision. Review urogramme-paths right kidney enlarged (21 \* 12 cm), respectively the shadow shadow defines two kidney concrements in the sizes 4 \* 3 and 3 \* 1.5 cm.

Determine the diagnosis, diagnostic methods and the possible tactics of treatment depending on the received data.

DETERMINE THE DIAGNOSIS, DIAGNOSTIC METHODS AND THE POSSIBLE TACTICS OF TREATMENT DEPENDING ON THE RECEIVED DATA.

**Task 16**

32 patient years. Complains of weakness, malaise, increased body temperature to 39 c, shivering, pain in the left side of the abdomen and lower back. The disease started 3 days ago, when body temperature is increased, there was a sharp pain in the left half of the lumbar region, which was initially intermittent in nature, and in the last 24 hours has become permanent. Objectively: the overall condition. The situation forced: left hip held to his stomach. When his finger is pain in the lumbar region has sharply increased, palpation in the left corner kostovertebralnom painful. Urinalysis is normal. Blood test-Leukocytosis, shift left leukocyte formula, increased ERYTHROCYTE SEDIMENTATION RATE.

NAME THE PRELIMINARY DIAGNOSIS AND METHODS OF FURTHER STUDY.

WHAT IF THIS INFORMATION CAN BE OBTAINED IN THE CASE OF CONFIRMATION OF DIAGNOSIS?

**Zadacha17**

Sick of 34 years. Complains of severe pain in the perineal area, according to the sacrum, in the nadlonnuju region. Body temperature 38.3 c. Sick 2 days when the pain appeared difficulty urinating. This morning came the acute urinary retention.

WHERE IT IS NECESSARY TO START THE SURVEY, BEARING IN MIND THAT IT SHOULD BE GENTLE?

**Task 18**

Sick 28 years old, married. Two years ago, hurt salpingooforitom. Since notes periodically (spring and autumn) heart, sometimes painful urination mainly during the daytime, pain in the suprapubic region. Need to urinate at night don't bother. Prior to the visit to the urologist osmatrivalas gynecologist, who is not identified by the diseases of the female genital organs. Repeated urine without pathological elements.

WHAT KIND OF DISEASE SHOULD CONSIDER?

WHAT IS THE REASON FOR ITS OCCURRENCE?

**Task 19**

Ill 23 years old, married 2 weeks. Until marriage sex life not lived. Makes complaints about frequent urination with mandatory impulses. Ill 4 days ago. Since the disease became quickened dramatically urination and painful two days ago. Although felt the need to urinate, allocated a very small amount of urine. Last night dysuria became very strong, and this morning I noticed a small amount of blood on the tissue after urination.

Objectively notes soreness at deep palpation in the suprapubic region. Signs of bladder increases when there is no percussion. Urine test: color dark yellow, pH-6, 0, density of 1029, erythrocytes, leukocytes 60-80 40-50 in sight.

WHAT DIAGNOSIS CAN BE PUT BASED ON THESE SYMPTOMS?

WHAT YOU WANT TO LINK THE EMERGENCE OF THE DISEASE?

WHAT ARE THE WAYS OF PREVENTING IT IN THIS CASE?

**Challenge 20**

Patient 30 years came into the clinic with complaints of pain in the lumbar region on the left, raising body temperature up to 39° c, chill. Ill 2-th day. The right physique. Body temperature is 39° c Pulse 100 beats/min, rhythmic, satisfactory content. Vezikuljarnoe in the lungs to breath. The language is dry, not hedged. The abdomen is soft. Symptom Pasternackogo is positive to the left. Into severe cystectasia due to no. Mikrogematuria, pyuria. When ULTRASOUND is marked dilatation of the left system lohanochnoj ureters. The mobility of the left kidney is limited. Ultrasound picture of the right kidney is not changed. The overview picture of the urinary system at the level of the transverse process of the L3 left-shadow, suspect at konkrement, size 9 \* 4 mm. On exkrethornykh urogrammah pathological formations in the lohanochnoj ureters system right kidney is not. Arcade radiopaque on mochetochniku is not breached. Left-moderate pielojektazija, expansion of ureter ureteral stones shade above described. Positive symptom of Lichtenberg. When review urografii shadow of ureteral stones coincides with the shadow of kontrastirovannogo ureter in excretory urography.

YOUR DIAGNOSIS?

WHAT TREATMENT SHOWING?

**Challenge 21**

Patient 30 years came into the clinic with complaints of dull pain in the lumbar region on the right side, at times raising body temperature to 37.4° c, highlighting the murky urine, increased blood pressure up to 180/115 mm Hg. Church. Repeatedly was on examination and treatment in urologic clinics about chronic pyelonephritis. The right physique. Pulse rate 90 beats/min, rhythmic, stressful. HELL 180/110 mm Hg. Church. Heart tones accent the second tone deaf to the aorta. The abdomen is soft. Symptom Pasternackogo positive right. Dysuria, pyuria. When UZI noteworthy reduction right kidney (8.0 \* 4.0 cm) contours, its jagged. The left kidney size 11.0 × 5.0 cm with smooth contour. The overview picture shadow not calculus of urinary system. Kidney outlines are defined vaguely. On exkrethornykh urogrammah of pathological changes in lohanochnoj system and ureters left ureter. Right kidney 8 × 4 cm, bobovidnoj shape with uneven path. Calyx twisted, kolbovidnoj form. The aortogrammah arterial vessels of the right kidney narrowed places avascular lesions well delineated areas, positive symptom "obgorelogo wood".

YOUR DIAGNOSIS?

WHAT TACTICS?

**Task 22**

Patient 30 years delivered in hospital with diagnosis of acute pyelonephritis. Sick for 2 days. Notes the pain in the lumbar region on the right, increased body temperature up to 38.7° c, was shivering. The doctor did not consult. When inspecting the State of medium gravity, the skin hyperemic. The pulse of 108 beats/min. The language is dry, with a touch of belesovatym. The abdomen is soft. Kidneys are not palpable. Symptom Pasternackogo positive right. Leucocytosis. Pyuria. The overview picture shadow not calculus of urinary system. Contour lumbar muscle (m. psoas) to the right and shadow right kidney.

WHAT DIAGNOSTIC MEASURES WILL HELP CONFIRM THE DIAGNOSIS OF ACUTE PYELONEPHRITIS?

**Task 23**

Sick of 19 years, complaining of severe pain in the scrotum, a gradual increase in its right half in size. Sick for 1 year recovering from acute gonorrhea. By palpation is defined by a smooth elastic education sizes 6 × 8 oval.

YOUR ESTIMATED DIAGNOSED?

WHAT RESEARCH WILL CLARIFY IT?

YOUR MEDICAL RECOMMENDATIONS?

**SEMINARY Lesson # 6**

**«UROLOGICAL ONCOLOGY»**

**Basic concepts of themes of practice**

**KIDNEY TUMORS**

**Prevalence, etiology and pathogenesis.** Pathological anatomy of renal parenchyma tumor, tumors of the renal pelvis and ureter renal parenchyma. tumors-malignant, benign. malignant tumors of the renal parenchyma of kidney cancer, Wilms ' tumor. classification TNM system.

**Benign tumors of the kidney**.

**Clinical symptomatology of kidney cancer.** Renal (hematuria, pain, palpable education) and jekstrarenalnye (hyperthermia, hypertension, varicocele, eritrotsitoz, amyloidosis, protein) symptoms. Gematogennoe and limfogennoe metastasis in cancer of the kidney.

**Diagnosis of kidney tumors.** The role of ULTRASOUND as a screening test in kidney diseases and voluminous recognition method dispensary population surveys. review diagnostic features and excretory urography. Value of computed tomography in establishing diagnosis and the prevalence of process. Integrated vazograficheskoe study in kidney tumors and relevance of information received for selecting operational access and operations planning. Angionefroscintigrafija as a method of estimation of the functional State of the affected cancer and kidney kontrlateralnoj. Magnetic resonance imaging in the diagnosis of kidney tumors. Differential diagnosis with to the solitary cyst, hydatidosis. Features of the data of ULTRASOUND, computer tomography and magnetic resonance, angiography in differential diagnosis. Role of kidney biopsy needle under ultrasonic or computer monitoring.

**Treatment.** Operation as the only effective method of operational types of kidney tumors when access requirements of Oncology in cancer kidney. Types of operations: a radical nephrectomy (preliminary ligation of the renal vessels, jekstrafascialnoe organ removal , regional and jukstaregionarnaja lymphadenectomy), organ-preserving surgery (kidney resection, tumor enucleation). Indications for organ (two-sided cancer, cancer only kidneys, kidney disease and cancer is one another if there is chronic renal failure). Radiation therapy in metastatic retroperitoneal lymph nodes with metastases in bone. Chemotherapy in metastases to the lungs. Role of immunotherapy in cancer of the kidney. Embolization of renal artery as a method to stop bleeding in patients with inoperable. Clinical examination of patients operated on for cancer of the kidney.

**Peculiarities of diagnostics and treatment of patients with cancer of the renal pelvis.** The role of excretory urography, retrograde by IV pyelography, ultrasound in the differential diagnosis of cancer of the renal pelvis and the importance of the study of ureteral stones rentgennegativnogo urine sediment in the differential diagnosis of renal pelvis cancer. Volume operations (nefrureterjektomija with resection of the bladder in the area of the mouth of the ureter, regional lymphadenectomy). Clinical examination of patients, the need for regular cistoskopij.

**BLADDER TUMOR**

**Prevalence. Etiology and pathogenesis.** Occupational bladder tumor. Epithelial Neoplasms Malignant bladder: papillary perehodnokletochnyj cancer, Squamous Cell Carcinoma, adenocarcinoma. benign tumors: Papilloma, adenoma, the endometriosis. Tumors of connective, muscle and other tissues: malignant-Sarcoma; benign-Fibroma, Hemangioma, Leiomyoma. Symptoms. International classification system tNm.

**Diagnosis of bladder tumors:** ULTRASOUND (transabdominalnoe, transrectal, jendovezikalnoe). Cystoscopy as the first and urgent examination of total free hematuria, biopsy. Radiographic methods: survey and excretory urography, cystography, policistografija, pelvic arteriovenous and venography.

The role of computed tomography in determining the prevalence of process.

**Treatment.** TOUR of the bladder at t 1-2 N o m 0. Significance of bladder wall biopsy of Transurethral resection of the zone to determine the radicality of the operation and "stepped" biopsies to determine the degree of risk of recurrence of bladder cancer Resection. bladder with or without ureterocistostomiej, jendovezikalnaja resection. Cystectomy, testify to it. Derivation methods of urine (creation of artificialnogo bladder, ureters transplantation into the intestine, in the isolated segment of intestine, skin, double-sided nefro-and pielostomija). Place intravesical chemotherapy and immunotherapy (BCG) in the treatment of bladder cancer and prevent its recurrence. Radiation therapy for bladder cancer. Role of the monitoring cistoskopij in examinations of patients. Forecast.

**TESTICULAR TUMOR**

Classification. Modern techniques for diagnosing testicular tumors and their metastases. Treatment: surgical, chemotherapy, radiation therapy. Tumors of epididymis. Diagnosis, treatment.

**SWELLING OF THE PENIS**

Classification. Modern diagnostic techniques. Treatment: surgical, chemotherapy, radiation therapy. Differential diagnosis.

**TEST TASKS**

Choose one correct answer

1. Benign TUMORS of the RENAL PARENCHYMA of EPITHELIAL ORIGIN APPLIES

1) Fibroma

2) myxoma

3) adenoma

4) Leiomyoma

5) Angioma

2. TUMORS of the RENAL PARENCHYMA FOUND

1) in 2 times more often than men

2) men in 2 times more often than women

3) women have 5 times more often than men

4) men in 5 times more often than women

5) incidence is the same

3. LIMFOGENNYE METASTASIS in CANCER of the KIDNEY are MOST ABUNDANT

1) in the mediastinum

2) in paraaortalnyh and parakavalnyh lymph nodes

3) in iliac lymph nodes

4) in cervical lymph nodes

5) in the supraclavicular lymph nodes

4. OFTEN the FIRST MANIFESTATION of the TUMOR of the KIDNEY PARENCHYMA is

1) lower back pain

2) proshhupyvaemaja enlarged kidney

3) hematuria

4) anemia

5) subfebrilnaya temperature

5. the factors contributing to the occurrence of bladder tumors are

1) all

2) impaired immune reactions organism

3) chronic inflammatory diseases

4) analinovye dyes

5) all of the above

6. the first frequency among the symptoms of a bladder tumor is

1) urikurija

2) dysuria

3) pain

4) hematuria

5) difficulty urinating

7. the factors contributing to the emergence of testicular tumors are

1) sexual abstinence

2) trauma to the scrotum organs

3) epididymitis on the soil of viral infection

4) cryptorchidism

5) only cryptorchidism or testicular injury

8. EARLY SYMPTOM characteristic of TESTICULAR TUMORS

1) palpiruemaja swelling in scrotum

2) enlarged inguinal lymph nodes

3) retroperitoneal lymph nodes enlarged

4) gemospermija

5) chronic priapism

9. in teratome eggs size 6 cm in diameter showing treatment options

1) radiation therapy

2) chemotherapy

3) inguinal orchiectomy

4) combined treatment: polihimio, inguinal orchiectomy or radiotherapy

5) funikulotomija

10. Precancerous diseases of the penis include

1) non-viral papillomas

2) lejkoplakiju

3) chronic swelling balanopostit

4) jeritroplaziju Keir

5) true 1) 2) 3) 4)

11. promote penis cancer

1) chronic urethritis, including trihomonadna etiology

2) use of contraceptives

3) chronic inflammation (Balanitis, balanopostit), phimosis, etc.

4) viral kondilomatoz and Leukoplakia

5) chronic inflammatory diseases of any etiology, bag prepucialnogo Leukoplakia

12. IF BLADDER CANCER in STAGE T4 SHOWING

1) Transurethral jelektrorezekcija

2) electrocoagulation

3) bladder resection

4) cystectomy

5) conservative treatment

13. Transurethral jelektrorezekcija shows in the following stages of bladder cancer

1) T1

2) T2

3) T3

4) T4

5) T1 and T2

14. bladder cancer often is localized

1) on the left side panel

2) on the right side wall

3) at the top of the

4) in the area of cervical

5) in the area of the triangle Leto

15. for the clinic of bladder tumors are characterized by

1) pain

2) hematuria

3) dysuria

4) eritrotsitoz

5) dizuria in combination with makrogematuriej

16. in case of bladder tumor study should begin

1) to review x-rays of the urinary tract

2) with computed tomography

3) with ultrasound

4) with excretory urography

5) with ultrasound and cystoscopy

17. radiation therapy in cancer kidney apply

1) when limfogennyh toxin

2) when tumor report in kidney Vienna

3) all patients after nephrectomy

4) radiation therapy is used in fixed, presaved metastases in the brain and bone lesions

5) 1 correctly) and 2)

18. When tumors are renal pelvis are most commonly observed

1) pain

2) proshhupyvaemaja bud

3) hematuria

4) proteinuria

5) subfebrilnaya temperature

19. in the localization of malignant tumors in the lower pole only kidneys should take

1) nefrjektomiju

2) kidney resection

3) monitoring of patients

4) not a tumor

5) jembolizaciju renal artery

20. USED methods treating bladder tumors

1) Transurethral jelektrorezekcija

2) transvezikalnaja jedektrokoaguljacija

3) chemotherapy

4) immunotherapy

5) used 1), 2), 3 and 4))

**SITUATIONAL TASKS**

**Task 1**

The patient had 34 years working for the company in the aniline dyes, the past 3 months has started fast, sometimes painful urination. Periodically notes the blunt pain in the abdomen. Applied to the skin and venereal dispensary, where the survey excluded gonorrhea and trichomoniasis. When an objective study of pathological changes (including computer tomography) pathological changes have been detected, leukocytes 3-5 in sight, red blood cells fresh 8-10 in sight.

WHAT KIND OF DISEASE SHOULD THINK?

THAT FIRST NEED TO BE TAKEN FOR DIAGNOSIS?

**Task 2**

Patient's 52 years in the right podreberie palpated ballotirujushhee tumorous formation size 10 × 8 cm, with a dense, hilly surface. If percussion over education timpanit. Excretory urography data does not allow you to safely delete right kidney disease.

WHAT METHODS THE SURVEY WILL CONFIRM OR EXCLUDE UROLOGICAL DISEASES?

**Task 3**

The patient had 43 years prolonged subfebrilnaya temperature, lack of appetite, persistent, not amenable to any therapy for dry cough. Sick 1 year. During this time, he lost 15 kg. Obsledovalsja on several occasions by various specialists. When repeated lung radiological studies (including Imaging) pathological changes have been detected. Increase in ESR (from 30 at the beginning of the disease up to 60 mm/hour). Marked anemia-68 g/l hemoglobin, red blood cells — 3 200 000.

WHAT IS THE DISEASE SHOULD BE SUSPECTED?

WHAT SHOULD I DO FOR DIAGNOSIS?

**Task 4**

Sick of 62 years. Complains about the periodic appearance of blood in the urine with messy clots. Sick of 6 months. Within 3 months of periodically mentioned Resi when speeded up urinating. Low supply. Pale. Kidneys are not palpable, symptom Pasternackogo negative on both sides. By palpation over the vagina — mild soreness. Urine flow is not changed. When digital rectal prostate-3 sizes study, 5 x 4 cm, soft elastic consistency.

NAME THE PRELIMINARY DIAGNOSIS AND PLAN OF SURVEY.

**Task 5**

Sick 52 years complaining about the presence of blood in urine throughout the Act of urination. Believes himself to be sick for 2 days. Among fuller health noticed discoloration of urine, which was dark red. A few hours later appeared pain in the left lumbar region and the corresponding half of the abdomen. Urination is not violated. When an objective study of the lower pole of the left kidney is palpable.

WHAT KIND OF DISEASE IN THE FIRST PLACE, YOU SHOULD THINK AND WHAT RESEARCH SHOULD BE UNDERTAKEN TO ESTABLISH THE DIAGNOSIS?

**Task 6**

The patient, 60 years of age, with macrogematuria painless cherveobraznymi clots of blood. At cystoscopy-bladder mucosa is not changed, from the mouth of the left ureter stands out for blood. To review a radiograph of the shadow are not defined, the concrements urogrammah-lohanochnaja ureters renal system is not changed, the passage of contrast material is not breached.

YOUR PRELIMINARY DIAGNOSIS?

WHAT ADDITIONAL METHODS OF INSPECTION MUST BE PERFORMED?

**Task 7**

Patient 55 years enrolled in the Urology Clinic with complaints of frequent painful urination, blood in the urine, dull pain in the left lumbar region. At cystoscopy in the left lateral wall of urinary bladder tumor sizes grubovorsinchataja found in 2 tsistoskopa field of view on a broad basis, cover the mouth of the left ureter. The jekstretornyh urogrammah function of the right kidney is not broken, the left is reduced.

DETERMINE THE NATURE OF THE SURGICAL TREATMENT.

**Task 8**

Ill 69 years admitted to a clinic complaining of urination, languid stream of urine, pain in the perineum and sacrum. Sick for about a year. Study: rectal prostate increased with outlines, hummocky, with pockets of stony density.

YOUR PRELIMINARY DIAGNOSIS?

WHAT RESEARCH IS NEEDED TO CLARIFY?

**Task 9**

A patient 26 years entered the clinic with complaints of an increase in the right half of the scrotum. 6 years ago suffered a orhipeksiju over the inguinal cryptorchidism. By palpation of the scrotum right testicle increased, maloboleznenno, dense texture, clearly differentiated from the epididymis. Inguinal lymph nodes are enlarged. The exkrethornykh urogrammah is determined by the right ureter deviate laterally.

YOUR PRELIMINARY DIAGNOSIS?

ADDITIONAL EXAMINATION METHODS

**Task 10**

The patient had 62 years pronounced dysuria, repeated makrogematurii. At cystoscopy revealed grubovorsinchatye education, occupying almost the entire bladder. On exkrethornykh urogrammah-moderate bilateral ureterogidronefroz.

YOUR DIAGNOSIS?

TACTICS OF TREATMENT?

**SEMINARY Lesson # 7**

**"URGENT STATES IN UROLOGY.**

**GENITOURINARY SYSTEM TRAUMA.**

**Basic concepts of themes of practice**

**ISSUES URGENT UROLOGY**

**Renal colic.** Etiology and pathogenesis of renal colic. role of occlusion of upper urinary tract with subsequent hemodynamic disorders and jekstravazaciej of urine in the pathogenesis of renal colic. Symptomatology. Urine analysis with colic. role of renal ultrasound in the diagnosis of renal colic. Diagnostic value of hromocistoskopii. Role of x-ray examination methods in the diagnosis of renal colic. Possible complications (pyelonephritis, gidronefroticheskaja transformation, etc.). Differential diagnosis of acute abdominal diseases. Therapeutic interventions for renal colic: heat, antispasmodics, analgesics, optionally blockade Lorin-Jepshtejnu, catheterization of ureters.

**Acute delay urination**

Etiology and pathogenesis of acute delay urination. Causes of ishuriju. Clinical symptomatology. Differential diagnosis with anuriei. First aid depending on the causes of acute delay urination: bladder catheterization, puncture the bladder, epicystostomy, surgery to remove the causes of ishurii-uretrolitotomija, Diagnostics, etc.

**Hematuria.** Types of hematuria: macrogematuria, mikrogematuria, initial, end, all-out. Determining the source of hematuria, depending on its kind. tactics doctor on hematuria. role of cystoscopy in total makrogematurii. Research methods for Discover the causes of hematuria: trehstakannaja sample urine before and after physical exertion, kidney and bladder ULTRASOUND, computed tomography, renal angiography etc.

**Anuria:** arenalnaja, prerenal, renal, subrenalnaja. Value of renal ultrasound in distinguishing species anurii. Differential diagnosis between ishuriej and anuriei. using instrumental and radiological research methods in pattern recognition type: snapshot review anurii urinary catheterization of ureters, retrograde ureteropielografiya. Indications for conservative and operative therapies.

**Trauma to the bladder.** Types of damage. Pathogenesis of vnebrjushinnyh and intraperitoneal bladder ruptures. Combined injury. Symptomatology and intraperitoneal vnebrjushinnyh breaks. Diagnostic value of retrograde cistografii and "deferred" cistografii. Treatment of intraperitoneal ruptures: laparotomy, wound closure bladder drainage of abdominal cavity, epicystostomy for men, women-drainage of the bladder through the urethra by catheter. The role of Fovlera provisions administered by patients in the postoperative period. Pathogenesis of vnebrjushinnyh bladder ruptures. The frequent combination of them with injury of pelvic bones. Treatment of patients with vnebrjushinnym gap: cistotomija, epicystostomy, gap closure. Drainage of fiber on Bujalskomu-MAK-Uorteru or would compromise its interests.

**Trauma to the urethra.** Pathogenesis mechanism of injury. the role of damaged pelvic bones. Symptomatology. Diagnostics: a value uretrografii. treatment. Indications for primary suture of the urethra. Value of the drainage of the bladder and urogematomy. Effects of trauma to the urethra. treatment of urethral stricture: endoscopic uretrotomija, operations, Live Holcova.

**Damage to the scrotum and its organs.** Open and closed scrotal damage. Symptomatology. role of ULTRASOUND in the diagnosis of testicular damage. Organosohranjajushhij nature of operative treatment and drainage of scrotum. Indications for removal of the testicle to the scrotum in full. the formation of its isolation (" scalping ").

**Damage to the penis.** Types of lesions. Clinical picture. Symptomatology. treatment. Organosohranjajushhij operations.

**Kidney Injury.** Closed and open damage kidneys. Pathogenesis. Role of the hydraulic effect in damaged buds. Classification: bruises, breaks, detachment of kidney from her legs. Symptomatology. Two-phase kidney rupture. determination of blood loss when makrogematurii on the concentration of hemoglobin in the urine and the degree of proteinuria. -Determining functional condition of kidneys kontrlateralnoj. Ultrasound, excretory urography with kidney injury. Indications for renal angiography: a significant presence of hematuria retroperitoneal hematoma associated with damage to other organs and systems, lack of allocation of Rg-radiopaque damaged kidney. Indications for treatment. operative treatment of kidney injuries: c bleeding, a large retroperitoneal hematoma or its increase. Types of surgical treatment: repair of renal parenchyma, resection of the kidney, nephrectomy. Complications of kidney damage: arterial hypertension, gidronefroticheskaja transformation pyelonephritis.

**Ureter Damage.** Private damage. Ureter Damage in obstetric practice. Symptomatology. Diagnostics. Prevention of damage in Gynecologic operations: knowledge before the operation State of the upper urinary tract, urinary catheterization before extensive transactions with suspected damage during surgery-introduction intravenous solution indigokarmina. Treatment**.** Complications.

**TEST TASKS**

Choose one correct answer

1. KIDNEY TRAUMA OPERATIVE TREATMENT is INDICATED in case of

1) profuznoj hematuria with clots at increasing retroperitoneal hematoma

2) makrogematurii

3) when there is no selection urogramme contrast excretory substance damaged kidney

4) the normal function of the contralateral kidney

5) paresis of intestine

2. When BREAKING the KIDNEYS, the URETERS and the corruption-LOHANOChNOJ ORGANOSOHRANJaJuShhUJu SYSTEM OPERATION MUST FINISH

1) nefrostomiej

1) pielostomiej

2) without drainage of pelvis

3) ureteral intubation

4) ring puncturing the pelvis

3. For KIDNEY DAMAGE is NOT TYPICAL SUBKAPSULJaRNYH

1. pain

2. mikrogematuria

3. retroperitoneal urogematoma

4. short macrogematuria

5. satisfactory general condition

4. The SEVERITY of the DAMAGE to the KIDNEYS is DEPENDENT

1) from shock force ranjashhego subject

2) from the age of the patient

3) the condition of kidneys at the time of injury

4) the weight of the patient

5) true 1), 2), 3)

5. The patient had KIDNEY INJURY AFTER an OPENING AROSE URINARY fistula, which is associated with INJURY

1) okolopochechnoj fiber

2) the cortical layer of the kidney

3) a think layer of kidneys and pelvis

4) blood vessels of the kidney

5) fibrous capsule of kidney

6. ABSOLUTE indication for NEPHRECTOMY in KIDNEY INJURY is

1) subkapsuljarnyj kidney rupture

2) damage to the lower pole of the kidney

3) damage to the upper pole of kidney

4) links razmozjenie buds

5) damage in the central segment of the kidney

7. KIDNEY INJURY is SUSPECTED the PATIENT SHOULD

1) Watch outpatient daily

2) Watch a day in the outpatient setting

3) hospitalize immediately in all cases

4) hospitalization in case of unstable blood pressure

5) hospitalization in case of shock

8. IATROGENIC CAUSE TRAUMA to the BLADDER CAN BE

1) punch in belly

2) fracture of the pelvis

3) catheterization of the urinary bladder

4) fall from height

5) stabbed in stomach

9. IF the BLADDER is BROKEN VNEBRJuShINNOM BINDING RENTGENOGRAFIChESKIM RESEARCH is

1) retrograde cystography

2) uretrografija

3) cystoscopy

4) pnevmocistografija

5) review urography

10. MOST INFORMATIVE METHOD of RESEARCH for SUSPECTED BLADDER RUPTURE is VNEBRJuShINNYJ

1) excretory urography

2) catheterization of the urinary bladder

3) rising cystography

4) sample Zeldovicha

5) rising cystography with double physiological amount of contrast agent

11. PREFERRED VIEW of the DRAINAGE of the BLADDER when HIS INJURY is

1) autonomous urination

2) permanent catheter

3) bladder catheterization 2-3 times a day

4) cystostomy

5) establish drainage ring

12. COMPLETE RUPTURE of the URETHRA is

1) rupture of mucous membrane

2) rupture of mucous membrane and spongy body

3) interstitial gap

4) the gap of fibrous casings and spongy body

5) the gap of all segments of the urethra on limited area or on the whole circumference

13. The MAIN SYMPTOM of URETHRAL INJURY

1) macrogematuria

2) uretrorragija

3) delay urination

4) bruise on the vagina or perineal hematoma

5) 2 correctly) 3) 4)

14. the main method of DIAGNOSIS of URETHRAL INJURY

1) excretory urography

2) down cistouretrografija

3) rising uretrocistografija

4) pnevmocistografija

5) review urography

15. The MOST CHARACTERISTIC SYMPTOM of URETHRAL DAMAGE PENILE INJURY

1) pain when urinating

2) urine retention

3) uretrorragija

4) weak urine flow

5) true 1), 2), 3)

16. AFTER TESTICULAR CONTUSION MAY EXPERIENCE

1) testicular atrophy

2) testicular infarction

3) neuralgia

4) malignant degeneration

5) true 1) 2) 3) 4)

17. METHOD of EMERGENCY TREATMENT for ACUTE INJURY to the URETHRA is

1) cystostomy

2) primary suture of the urethra

3) probing of the urethra

4) plastic urethra for Holcovu

5) plastic urethra for Solovovu

18. BEFORE REMOVING the DAMAGED KIDNEY RESEARCH

1) hemodynamics

2) the condition of the damaged kidneys

3) the remaining kidney function

4) data General urine analysis

5) clinical analysis of blood information

19. MANDATORY SIGNS of INTRAPERITONEAL BLADDER RUPTURE is

1) pain over the vagina and the taxes not withheld urine

2) violation of the Act of urination and symptoms of irritation of the peritoneum

3) urinary injuries in tissue and pelvic pain on the vagina

4) renal insufficiency and fever

5) urinary incontinence and piuria

20. To diseases that cause SEVERE DELAY URINATION INCLUDE

1) benign hyperplasia (adenoma) prostate (BPH)

2) CKD (chronic kidney failure)

3) ARF (acute renal failure)

4) chronic cystitis

5) acute pyelonephritis

21. Renal colic causes most often

1) tuberculosis of the kidney

2) ureter stone

3) chronic pyelonephritis

4) pelvic kidney dystopia

5) rupture of bladder

22. SUBRENALNOJ (POSTRENALNOJ) ANURII

1) vomiting

2) blood loss

3) double sided stone

4) intoxication

5) acute dysentery

23. provide DIAGNOSTIC ACTIVITIES, EXTRA PROCESSING that OCCURS when the TOTAL FREE MAKROGEMATURII

1) excretory urography

2) ultrasound of the kidneys and bladder

3) cystoscopy

4) computed tomography

5) determination of serum urea and creatinine

**SITUATIONAL TASKS**

**Task 1**

Patient 18 years old, unmarried, suddenly are having pain in the left lumbar region. Body temperature is normal. Notes nausea, retch. Urination is not violated. When bimanualnoj pain, palpation of the left amplifies (right kidney palpation is painless). Kidneys are not palpable.

WHAT KIND OF DISEASE SHOULD CONSIDER?

WHAT ZABOLEVANIEJAMI SHOULD BE DIFFERENTIATED?

WHAT IS FIRST AID?

**Task 2**

Ill 50 years 3 years ago was an attack of pain in right waist area and right abdomen. Pain stoped spontaneously after applying a warm heating pad. Medical care is not sought, not full and not treated. Yesterday morning pokushala fried mushrooms to dinner appeared three times was nausea vomiting. Notes the absence of urine and the urge to urinate last 8:00 pm. Objective study patient status moderately dry skin. Pale. Sick of high nutrition, behavior. Pulse 100 beats/min, rhythmic, hell-160/90 mm Hg dry language, not hedged. The abdomen is soft, slightly boleznenen in the podreberjah, kidney palpate fails due to obesity. Symptom Pasternackogo weakly positive by both sides. Blood sugar-13.8 mmol/l urea serum-21.6 mmol/l.

WHICH METHOD SHOULD CONDUCT RESEARCH TO ESTABLISH THE NATURE ANURII?

WHAT KIND OF TREATMENT WILL BE DETERMINED DEPENDING ON THE TYPE OF ANURII?

**Task 3**

Patient 36 years. After the fall of the crotch appeared short uretrorragija. Complaints about the feeling of fullness of the bladder, the inability to self urination during 10:00 after trauma. The General State of moderate severity. Pulse 76 beats per minute, and blood pressure 120/70 mmHg, peritoneal symptoms No. Above the vagina is palpable enlarged bladder. In the area of the perineum swelling 6 \* 4 cm, the skin over her dark purple color.

NAME THE PRELIMINARY DIAGNOSIS.

WHICH RADIOGRAPHIC TECHNIQUES NEED TO CONDUCT STUDIES TO REFINE THE DIAGNOSIS?

**Task 4**

Sick 52 years during 27 years suffered urolithiasis with periodic independent departed concrements. Complains of lack of impulses to the Act of urination. The last time 2:00 pm urinated earlier. Notes the dull pain on the right side of the waist and abdomen, which appeared 7:00 ago. The intensity of the pain gradually increases, there is a dry mouth, feeling thirsty. When inspecting the patient increased nutrition, podkozhnozhirovaja cellulose richly developed. Kidneys are not palpable. By palpation in the upper right quadrant of the abdomen is marked tenderness. Symptom Pasternackogo negative on both sides. By palpation and perkutorno your bladder is not increased. When the digital study of the prostate via the rectum is not changed.

WHAT IS THE COMPLICATION OF UROLITHIASIS HAS IN THIS CASE?

SPECIFY THE EXAMINATION METHODS AND TREATMENT OPTIONS.

**Task 5**

Working the mine was hit by a landslide. Fine breed struck lower limbs. Under the debris was 12:00. At the time of release HELL 140/80 mm Hg. Church. Pulse 84 strike in 1 min.

WHAT COMPLICATION BY THE KIDNEY MAY DEVELOP IN A PATIENT AND WHY?

WHAT ARE THE CHARACTERISTICS OF ITS TRANSPORTATION IN MEDICAL UCHREZHDENIIE?

**Task 6**

Sick 22 years 10 days ago to interrupt pregnancy introduced into the uterine cavity catheter, where he stayed during the 12:00. The other day appeared spotting from your vagina, chills, high fever, and then have vomiting, diarrhea. Was hospitalized in the gynaecological department where drew attention to oligoanuriju. On the same day in clinic identified 35 ml of urine. The overall condition of heavy sick braked, saggy. Skin and sclera of pale zheltushny. Pastoznoe face, eyelids otechny. Heart tones muted. HELL 125/80 mm Hg. Church. In the lung-breathing vezikuljarnoe. The liver performs at 2 cm from under the rib edge. Kidneys are not palpable. Symptom Pasternackogo is positive on both sides. Blood test: gemog. -40 g/l, jeritr. -1700 000, Lake. -24 000, urea-34.9 mmol/l, potassium-6.8 mmol/l, sodium — 130 mmol/l calcium — 2.4 mmol/l urine protein is 1.2 g/l, density-1010, Lake. and jeritr. cover the field of vision.

WHAT ARE THE COMPLICATIONS OF CRIMINAL ABORTION TAKE PLACE?

WHAT IS THE TREATMENT?

**Task 7**

Sick of 53 years. Eve accidentally drank 150 ml is (1:1000). In the clinic and the first stomach is washed 12:00 condition was satisfactory. The next day, headache, nausea, vomiting, anuria. Upon receipt of the General State of moderate severity. Complains of weakness, headache, lack of the urge to urinate. The language is dry, with a touch of Brown. Kidneys are not palpable. Their scope by palpation painful. Analysis of blood; gemogl. -140 g/l, jeritr. — 3 500 000, Lake 10 400, FW-33 mm/h, urea is 21.6 mmol/l, potassium — 6.7 mmol/l, sodium — 127 mmol/l.

PUT THE OBOSNUTE DIAGNOSIS AND TREATMENT TACTICS.

**Task 8**

Patient 27 years. For 3 years suffering peptic ulcer with frequent exacerbations of the disease. Last week the State had significantly deteriorated, there was frequent vomiting, nausea, constant belching notes. Objectively: consciousness entangled, blow low supply. The skin and visible mucous pale. The skin is dry. HELL is 85/50 mm Hg. Church. The pulse of 108 in 1 min weak content. From the side of the thorax organs changes have been detected. By palpation of the abdomen defines pain in epigastralna area, noise "succussion". Kidneys are not palpable. Symptom Pasternackogo negative. Daily diuresis — 270 ml. The content of potassium in the plasma 2.5 mmol/l, sodium-126 mmol/l of urea is 28.6 mmol/l.

SPECIFY THE DIAGNOSIS AND COMPLICATIONS OF THE DISEASE.

**Task 9**

The ailing 43 years rushed to the clinic about pain in the left lumbar region, after falling from a height of 2 metres. After an injury during double voiding noted makrogematurii. State of moderate severity. HELL and pulse are normal. From the side of the chest and abdominal pathologic changes were found. A small painful swelling in the left lumbar region.

SPECIFY A PRELIMINARY DIAGNOSIS AND JUSTIFY IT.

**Task 10**

Sick 25 years brought to the clinic about pain in right lumbar region, makrogematurii with clots. An hour ago the patient was hit hard object in right lumbar region. The situation forced: pronounced scoliosis in a sick way. In the area of right hypochondrium is determined by painful swelling. The pulse of 128 beats per minute, 1 HELL 85/50 mm Hg. Signs of irritation of the peritoneum no free fluid in the peritoneal cavity is not defined. The exkrethornykh urogrammah the left kidney, ureters and normal size-lohanochnaja system is not modified, passage contrast substances for mochetochniku is not breached. The right contrast material in the projection of the kidneys and the urinary tract is not defined. When hromocistoskopii left urine, painted indigokarminom, appeared on 7 min.

YOUR DIAGNOSIS?

THERAPEUTIC TACTICS?

WHETHER THERE IS A USEFULNESS IN CARRYING OUT ANY INVESTIGATION?

**Task 11**

Ill 35 years enrolled in the clinic about pain in the suprapubic region, ishurii. Three hours ago, being drunk, got a kick in the nadlobkovuju region. Despite the strong urge to act of urination, urinate after injury. The situation forced sitting. There is a symptom of "vanki-vstanki". Rectal study is determined by the overhang of the anterior wall of the rectum. In the abdomen perkutorno is determined by the free liquid.

YOUR PRELIMINARY DIAGNOSIS?

DIAGNOSTIC AND THERAPEUTIC TACTICS?

**Task 12**

The patient had clinically and radiographically diagnosed vnebrjushinnyj rupture of the bladder.

WHAT TACTICS?

**Task 13**

Sick 40 years enrolled in the clinic at uretrorragii. An hour ago at a construction site fell and hit balls on the Board.

YOUR PRELIMINARY DIAGNOSIS?

WHAT METHODS OF SURVEY SHOWING?

**Task 14**

Patient 42 years is in Traumatology, where brought back after a 2:00 road injuries in a State of shock. After removal from the shock produced a snapshot of the pelvic bones, which is determined by the fracture of the pubic bone to the left. Do not urinating, palpated enlarged bladder, in the field of external urethral orifice Gore.

WHAT IS THE DIAGNOSTIC AND THERAPEUTIC TACTICS?

**Task 15**

To see a doctor mother brought the child to complain of pain in the penis. The head of the penis, edematous cianotichna due to infringement of the foreskin.

WHAT HAPPENED TO THE BABY? WHAT TREATMENTS DO I NEED?

**Lesson # 8**

**"SET-OFF"**

**Sample issues of set-off.**

1. Bacteriology of urine.

2. The swelling Balanopostit. Concept. Therapeutic tactics.

3. Localization and the nature of Pain in diseases of the urinary-genital system.

4. Varicocele, therapeutic tactics.

5. Varicocele. Concept clinic.

6. Varicocele causes the right diagnostic tactics.

7. Types of Hematuria. Profuznaja hematuria, emergency assistance.

8. Gestational pyelonephritis. Treatment tactics.

9. Diagnosis of kidney stones and ureters.

10. Diagnosis of kidney stones and ureters.

11. Diagnostic value of review urografii.

12. Diagnostic value of antegradnoj and retrograde urography.

13. Diagnostic value of hromocistoskopii.

14. Diagnostic value of excretory urography.

15. Diagnostic and therapeutic value of catheterization of the urinary bladder.

16. Benign prostatic hyperplasia. Therapeutic tactics in stages.

17. Benign prostatic hyperplasia. complications.

18. Fence of urine for analysis.

19. Fence of urine for analysis.

20. Quality change of urine normal urine sediment. Pathological admixtures.

21. Quality change of urine causes turbidity and discoloration of urine.

22. Changes in amount of urine. Diuresis, anuria, polyuria, oliguria.

23. Changes of the relative density of urine. Diagnostic value of sample Zimnickogo.

24. Bladder stones, clinic, medical tactics.

25. Stones in the urethra, clinic, medical tactics.

26. Bladder Catheterization a rubber catheter in females.

27. Bladder Catheterization a rubber catheter in men.

28. Bladder Catheterization indications, complications.

29. Conservative treatment of kidney stones and ureters.

30. Therapeutic tactics in acute **obstructive** pyelonephritis.

31. Urolithiasis. Species composition of stones, quantity, localization.

32. Urolithiasis. Predisposing factors.

33. Risks and complications of transuretralnah manipulation.

34. Symptom Definition Pasternackogo.

35. Brain tumor. Renal and jekstrarenalnaja symptomatology.

36. Testicular Tumor Clinic. Diagnostics. Value of cryptorchidism.

37. Swelling testicle. Therapeutic tactics.

38. The foundations of conservative treatment of chronic pyelonephritis forecast.

39. Acute prostatitis clinic. medical tactics.

40. Acute urethritis. Clinic. medical tactics.

41. Unlike anurii and ishhurii. diagnosis.

42. Palpation of the bladder.

43. Palpation of the organs of scrotum.

44. Palpation of the kidneys.

45. Percussion of the bladder.

46. Pyelonephritis. Classification Concept.

47. Preparation of patients for x-ray screening.

48. Indications for operative treatment of acute pyelonephritis.

49. Complications of acute pyelonephritis, causes.

50. The concept of "Diathesis" in urolitiaze types.

51. The concept of benign prostatic hyperplasia. Clinic.

52. The concept of renal angiography.

53. The concept of cystic-mochetochnikovom reflux, its importance in the genesis of pyelonephritis.

54. The concept of forms of cystalgia. Therapeutic tactics.

55. Renal kolica. Clinic.

56. Principles of conservative treatment of acute pyelonephritis.

57. Causes of acute delay urination. Emergency assistance.

58. Sample Amburzhe, Nechiporenko. Indications for their use.

59. Proteinuria. Her views.

60. Contraindications to excretory urography.

61. Bladder cancer Diagnostics.

62. Bladder Cancer treatment policy forecast.

63. Penile Cancer Clinic. Differential diagnosis.

64. Cancer of the penis. Therapeutic tactics.

65. Cancer of the penis. Pre disease prevention.

66. Prostate cancer clinic Diagnostics.

67. Prostate cancer treatment.

68. Role of prophylactic examinations of the population in the early detection of prostate cancer. the algorithm of diagnosis of prostate cancer.

69. How to determine total kidney function.

70. Management of the patient with hematuria.

71. Tactics in varicocele causes on the right.

72. Clinic diagnosis of **obstructive** pyelonephritis.

73. Technics of performance of excretory urography.

74. Tuberculosis of the urinary organs. Symptomatology TBK. Therapeutic tactics.

75. Uretrorragija. Unlike the causes of hematuria.

76. Risk factors for the development of bladder cancer.

77. Cystitis Clinic Treatment.

78. Cistoscopes, their appointment.

79. Endotoksicski. Principles of treatment.

80. Endotoksicski. Clinic, Diagnostics.

**PRIVATE AND PUBLIC QUESTIONS, UROLOGY**

**THE SET-OFF**

|  |  |
| --- | --- |
|  1. pain      |  -Renal colic-The main causes of renal colic-Clinic-Differential diagnosisEmergency assistance (public, specialized) |
|  2. Disorder urination a) Delay urination  b) urinary incontinence  |  -Types of (frequent, into severe cystectasia due to painful, difficulty urinating)-Causes of acute delay urination-First aid in acute delay urination (o, needling, cystostomy)-Species. The reasons for the |
|  3. change the quality of the urine                   To change the number of urine  |  -Normal urine sediment, pathological impurities in urine-Causes of turbidity urine-          Piuria sources-          Score (3-x sample beakers)-Proteinuria, its score, ways of Diagnostics-Hematuria types. Profuznaja hematuria, emergency assistance-Management of the patient with total hematuria (urgent cystoscopy)-Uretrorragija, unlike the hematuria, causes, tactics-Changes of the relative density of urine diagnostic value. Sample Zimnickogo, technology, value-Amburzhe, Nechiporenko. Indications for their the application. Clinical significance-Bacteriology urine-Diuresis. Anuria, polyuria, oliguria-concept clinical significanceDifference poliurii and pollakiurii |
|  4. Research methods |  -Urological instruments, their appointment-Risks and complications transuretralnah manipulation (infection, false move uretrorragija), therapeutic tacticsDiagnostic and therapeutic value catheterization of the urinary bladder-Contraindications to catheterization of the urinary bubble |
|  5. X-ray and radioisotope Diagnostics |  Diagnostic value of review urography-The notion of excretory urography, its diagnostic value, performance technique, contraindications-Ultrasound diagnosis, the notion of-Radioisotope renografija and scanning the kidneys and their diagnostic significance-How to determine total kidney function: Laboratory, x-ray, isotope, instrumental |
|  6. Anomalies urinary organs    |  -Concept on the main anomalies: dystopia polycystic kidney disease, phimosis, Paraphimosis,Cryptorchidism. Therapeutic tactics \*-Hydrocele. Concept, treatment  |
|  7. Traumatic damage to organs urogenital System |  -Kidney trauma Symptomatology, therapeutic tactics-Damage to the bladder, classification, Clinic therapeutic tactics in intra-and vnebrjushinnyh tears-Front and back trauma Symptomatology urethra, therapeutic tactics-Injury to organs of scrotum, therapeutic tactics -Combined injuries, therapeutic tactics  |
|  8. Nefropotoz |  -Causes-Symptomatology (lumbar pain palpatornaja repositioning, complications)-Principles of conservative treatment-Indications for surgery   |
|   9. Nonspecific inflammatory disease urinary organs | *-* Anesthetic (acute), clinic. Treatment of acute cystitis-The notion of Cystalgia-OZOM (acute scrotum organs diseases), Epididymitis, torsion of the spermatic cord, Orchitis; trauma. Principles of treatment-Acute prostatitis, clinic and therapeutic tactics-Acute urethritis, clinic and therapeutic tactics-The swelling Balanopostit. The concept, tactics-Pyelonephritis, concept, classification-Medicine, clinical manifestations-Pyelonephritis, laboratory Diagnostics-Pyelonephritis during pregnancy. Tactics of patients-Tactics for acute obstructive pyelonephritis-Indications for operative treatment acute pyelonephritis-Endotoksicski shock, the concept, the principles of treatment-Basics of conservative treatment of acute pyelonephritis. Forecast -Paranefrit. Clinic therapeutic tactics-Chronic pyelonephritis: concept, medical tactics, forecast  |
|  10. Tuberculosis       (Tbc) urinarybodies |  -Symptomatology Tbc kidneys, introduction to troubleshooting- Tbc male genital organs, Diagnostics-Tactics, clinical examination  |
|  11. Filter disease |   -Species composition of stones, quantity, value, localization-Predisposing factors-Kidney stones, clinic-Stones of ureter, clinic-Diagnosis of kidney stones and ureters -Conservative treatment of kidney stones and ureters. Indications for surgery-Bladder stones, clinic, medical tactics-Stones in the urethra, clinic and therapeutic tactics |
|  12. Gidronefroticheskaja transformation  |  -Concept. Complications -Tactics  |
|  13. Neoplasms urinary system a) kidney cancer |     -Renal and jekstrarenalnaja symptomatology (pain, hematuria, swelling, hyperthermia, hypertension, eritrotsitoz) -Tactics. Prognosis, clinical examination  |
|  b) bladder cancer bubble |  -Risk factors -Clinic (dysuria, hematuria)-Diagnostics (bimanualnaja palpation, cystoscopy, ultrasound, x-ray Diagnostics)-Tactics, forecast  |
|  in) dobrokachestvennajahyperplasia (adenoma) Prostate gland (BPH) |  -The Concept Of BPH -Clinic (strangurija), diagnosis (digital rectal examination, ultrasound)-Complications of BPH (stones, cystitis, pyelonephritis, CRF, hematuria)-Tactics phase  |
|   g) Prostate Cancer gland |    -Clinic Diagnostics (digital rectal study, PSA, Trus biopsy)-Features of metastasis-Tactics -The role of prophylactic examinations of the population in early detection of prostate cancer  |
|   d) testicular cancer |   -Clinic, Diagnostics. Value of cryptorchidism in the early detection of testicular cancer-Tactics  |
|  e) sexual Cancer a member of the |  -Clinic. Differential diagnosis with syphilis -Pre disease -Tactics   |
| 14.0 n n | -Reasons (shock, sepsis, urinary)-Basic signs (anuria, azotemia, acidosis, otechny syndrome, gipostenurija, ntoksikacija)-The concept of stages of SPD-Principles of conservative treatment  |
|  15. X n n |  -Clinical manifestations, diagnostic techniques -Tactics  |
|  16. Varicocele |  -Concept, complications (patospermija, pain, testicular atrophy)-Tactics. Indications for surgery-Doctor's Tactics at the right side varicocele  |

**MODEL TESTS FOR SET-OFF**

Choose one correct answer

1. To diseases that cause SEVERE DELAY URINATION INCLUDE

1) benign hyperplasia (adenoma) prostate (BPH)

2) CKD (chronic kidney failure)

3) ARF (acute renal failure)

4) chronic cystitis

5) acute pyelonephritis

2. The MOST FREQUENT TYPICAL LOCALIZATION of METASTASIS of PROSTATE CANCER is

1) bones of pelvis

2) light

3) liver

4) regional lymph nodes

5) the bones of the skull

3. SPECIFY the REASON ANURII

1) urolithiasis

2) jaundice in newborns

3) dehydration with indigestion

4) kidney tumor

4. For DIFFERENTIAL DIAGNOSIS of RENAL and POSTRENALNOJ FORMS ANURII APPLY

1) ULTRASOUND EXAMINATION of the urinary system

2) radioisotope renografija

3) excretory urography

4) renal angiography

5) limfografija

5. KIDNEY COLIC CAUSES MORE OFTEN

1) tuberculosis of the kidney

2) ureter stone

3) chronic pyelonephritis

4) pelvic kidney dystopia

5) rupture of bladder

6. The SYMPTOM is NOT CHARACTERISTIC for the TREATMENT of UROLITHIASIS

1) stone, sand

2) renal colic

3) glycosuria

4) hematuria

7. SPECIFY the METHOD of INSTRUMENTAL DAGNOSTIKI BLADDER STONE

1) cystoscopy

2) bladder catheterization a rubber catheter

3) retrograde pielografia

8. what kind of INSTRUMENTAL EXAMINATION CAN BE APPLIED in patients with UROLOGICAL DISEASES

1) sigmoidoscopy

2) cystoscopy

3) excretory urography

9. Indications for HAEMODIALYSIS

1) proteinuria

2) CKD-brain tumor

3) glycosuria

10. the GEMOGLOBINURII of HEMATURIA

1) hemosiderin in urine

2) "lacquered" urine

11. Indications for retrograde ureteropielografii

1) hydronephrosis with Ureteral pelvic patency segment violation

2) tuberculosis of the kidney, ureter

3) acute pyelonephritis

4) urethral stricture

5) 1 correctly), 2), 4)

12. A COMPLICATION of CHRONIC PROSTATITIS

1) periuretralnyh gland adenoma

2) prostate cancer

3) sclerosis of the prostate

4) Carbuncle

5) kraurosis of the vulva

13. TUMORS of the RENAL PARENCHYMA FOUND

1) in 2 times more often than men

2) men in 2 times more often than women

3) women have 5 times more often than men

4) men in 5 times more often than women

5) incidence is the same

14. When BREAKING the KIDNEYS, the URETERS and the corruption-LOHANOChNOJ ORGANOSOHRANJaJuShhUJu SYSTEM OPERATION MUST FINISH

1) nefrostomiej

2) pielostomiej

3) without drainage of pelvis

4) ureteral intubation

5) ring puncturing the pelvis

15. to CARRY into SEVERE CYSTECTASIA DUE to

1) frequent urination

2) frequent, painful, difficult urination

3) difficulty urinating

4) intermittent urination

5) rare urination

16. indications for SIMULTANEOUS ChRESPUZYRNOJ ADENOMECTOMY

1) the presence of adenomas 1 degree

2) the presence of 2-nd degree

3) the presence of ureterogidronefroza

4) exhausting night pollakiuria

5) 2 correctly) and 4)

17. Indications for CATHETERIZATION of URETERS are

1) acute obstructive pyelonephritis

2) holding retrograde ureteropielografii

3) obturazionnaya anuria

4) pyelonephritis pregnant

5) all of the above

18. An ultrasound scan of the kidneys it is advisable

1) when stone (urate) Cup of kidney

2) when Kidney stone korallovidnom

3) when the ureter stone

4) in any case,

5) in all cases,

19. RADIOLOGICAL SIGNS of RENAL TUBERCULOSIS on EXCRETORY UROGRAMME are

1) stricture necks cups or pieloureteralnogo segment of ureter

2) additional cavities in the parenchyma of kidney

3) "izedennost" the renal papilla

4) the lack of kidney function

5) true 1) 2) 3) 4)

20. LIMFOGENNYE METASTASIS in CANCER of the KIDNEY are MOST ABUNDANT

1) in the mediastinum

2) in paraaortalnyh and parakavalnyh lymph nodes

3) in iliac lymph nodes

4) in cervical lymph nodes

5) in the supraclavicular lymph nodes

21. For KIDNEY DAMAGE is NOT TYPICAL SUBKAPSULJaRNYH

1) pain

2) mikrogematuria

3) retroperitoneal urogematoma

4) short macrogematuria

5) satisfactory general condition

22. DYSURIA MEETS

1) when a bladder stone

2) in acute nephritis

3) when giperaktivnom bladder

4) during cystitis

5) when 1) 3) 4)

23. the MAIN SYMPTOM of PROSTATE ADENOMA I STAGE

1) difficulty urinating

2) azotemia

3) residual urine > 100 ml

4) the sharp pain of prostate

5) perineal pain

24. BLADDER CATHETERIZATION is CONTRAINDICATED in ACUTE DELAYED URINE, CAUSED by

1) bladder tumor

2) foreign body of the urethra

3) bladder stone

4) acute prostatitis

5) 1 correctly), 2), 3)

25. the review and excretory urography suitable

1) at stones of both kidneys enlarged cerebral ventricles.

2) when Kidney stone korallovidnom

3) at stones of ureter

4) when uric acid stones of kidneys and ureters

5) in all cases,

26. CLICK the BODY of the IPU, which is MOST COMMONLY AFFECTED FIRST in UROGENITAL TB

1) bud

2) ureter

3) bladder

4) prostate gland

5) the testicles

27. MORE OFTEN THAN NOT the FIRST MANIFESTATION of the TUMOR of the KIDNEY PARENCHYMA is

1) lower back pain

2) proshhupyvaemaja enlarged kidney

3) hematuria

4) anemia

5) subfebrilnaya temperature

28. The SEVERITY of the DAMAGE to the KIDNEYS is DEPENDENT

1) from shock force ranjashhego subject

2) from the age of the patient

3) the condition of kidneys at the time of injury

4) the weight of the patient

5) true 1), 2), 3)

29. POLLAKIURIA is

1) increased diuresis

2) frequent day and night urination in the normal number of 24-hour urine

3) frequent nighttime urination

4) frequent daytime urination

5) increased night diuresis

30. indications for CISTOSTOMII (I stage) in ADENOME PROSTATE GLAND

1) adenoma (stage II)

2) prostate adenoma and acute pyelonephritis

3) subtrigonalnaja localization of adenomas

4) the elderly patient

5) adenoma and suspected prostate cancer

31. HROMOCISTOSKOPIJa CARRIED OUT

1) for differential diagnosis between renal colic and acute surgical diseases of the abdominal cavity organs

2) for differential diagnosis between renal colic and acute gynecological diseases

3) for differential diagnosis of acute pyelonephritis and acute Glomerulonephritis

4) 1 correctly), 2)

5) 1 correctly), 2), 3)

32. X-ray study of urethra shows

1) in acute urethritis

2) prostatitis and vezikulite

3) in case of strikturu urethra

4) when torpidnom reaches urethritis

5) 1 correctly) and 2)

33. SIGNS characteristic of CHRONIC CYSTITIS

1) more often in women.

2) always a specific etiology.

3) develops after trauma.

4) accompanied by fever hectic type.

5) true 1) 2) 3) 4)

34. the factors contributing to the occurrence of bladder tumors are

1) all

2) impaired immune reactions organism

3) chronic inflammatory diseases

4) analinovye dyes

5) all of the above

35. In a patient AFTER OPEN KIDNEY INJURY AROSE URINARY fistula, which is associated with INJURY

1) okolopochechnoj fiber

2) the cortical layer of the kidney

3) a think layer of kidneys and pelvis

4) blood vessels of the kidney

5) fibrous capsule of kidney

36. STRANGURIJa-IT

1) difficulty urinating on drops

2) urinating, accompanied by pain

3) frequent urination

4) difficult, painful urination

5) frequent, painless urination

37 . INDICATIONS FOR TRANSURETHRAL ELECTRO-RESECTION ADENOME PROSTATE CANCER

1) neoslojnennaya adenoma I-II stage

2) adenoma and chronic renal failure

3) the presence of bladder stones

4) adenoma of large size with the clinic of exacerbation of Chronic prostatitis

5) complicated adenoma stage II

38. UROFLOWMETRY SHOWS

1) when strikture, the valves of the posterior urethra

2) adenome prostate cancer

3) acute prostatitis

4) in neurogenic bladder dysfunction

5) 1 correctly), 2), 4)

39. When vnebrjushinnogo bladder rupture clinic must be made

1) Tunneling cistografiju

2) upward cistografiju the direct projection

3) rising cistografiju in the lateral projection

4) rising cistografiju with dual saline volume of contrast material (in the straight and lateral projection) and deliberately shot the pelvis after emptying the bladder

5) cistoskopiju

40. A disease that may not "FEIGN" ACUTE CYSTITIS

1) intramuralnogo Division of ureter stone

2) acute prostatitis

3) foreign body of bladder

4) funikulit

5) adenoma prostate I stage

41. the first frequency among the symptoms of a bladder tumor is

1) urikurija

2) dysuria

3) pain

4) hematuria

5) difficulty urinating

42. ABSOLUTE indication for NEPHRECTOMY in KIDNEY INJURY is

1) subkapsuljarnyj kidney rupture

2) damage to the lower pole of the kidney

3) damage to the upper pole of kidney

4) links razmozjenie buds

5) damage in the central segment of the kidney

43. NOCTURIA is

1) the increase in the amount of urine, allocated in the night time period

2) urination during the night

3) moving the main daytime hours with urine at night

4) daytime oliguria

5) 1 correctly) and 3)

44. what DISEASES SHOULD DIFFERENTIATE BPH

1) Chronic prostatitis

2) prostate cancer

3) urethral stricture

4) bladder neck sclerosis

5) all of the above

45. COMPLICATIONS of RECONSTRICTON URETHRA are ALL LISTED, EXCLUDING

1) uretralnuju fever

2) acute prostatitis

3) uretrorragiju

*4)* fornikalnoe bleeding

5) acute epididymitis

46. Indications to antegradnoj are by IV pyelography

1) a stone or tumor urethral blockade buds

2) finding validation nefrostomy

3) determining the patency of the upper urinary tract

4) hydronephrosis with impaired patency of the pelvic-ureteric segment

5) all of the above

47. FORM of ACUTE PURULENT PYELONEPHRITIS is

1) interim purulent jade

2) apostematoznyj

3) abscess

4) Carbuncle

5) true 2) 3) 4)

48. the factors contributing to the emergence of testicular tumors are

1) sexual abstinence

2) trauma to the scrotum organs

3) epididymitis on the soil of viral infection

4) cryptorchidism

5) only cryptorchidism or testicular injury

49. In CASE of INJURY of the KIDNEY PATIENT, YOU MUST

1) Watch outpatient daily

2) Watch a day in the outpatient setting

3) hospitalize immediately in all cases

4) hospitalization in case of unstable blood pressure

5) hospitalization in case of shock

50. OLIGURIA is

1) delayed urination

2) urination

3) reducing the daily amount of urine

4) increasing the daily amount of urine

5) decrease the amount of urine, allocated in the daytime

51. SELECT PRIMARY COMPLICATIONS of BPH

1) urinary tract infection

2) violation of urodynamics of the urinary tract and CRF

3) kamneobrazovanie

4) hematuria

5) all of the above

52. Contraindications to BUZhIROVANIJu URETHRA are ALL LISTED, EXCEPT

1) benign prostatic hyperplasia

2) acute epididymitis

3) acute cystitis and acute prostatitis

4) Chronic prostatitis

5) acute urethritis

53. Indications for retrograde pieloureterografii are

1) urate kidney or ureter stone

2) papillary tumor of the pelvis

3) tuberculosis of the kidney

4) all of the above

5) only 1) and 2)

54. cause of acute pyelonephritis is more often

1) Escherichia coli

2) Proteus

3) stick blue-green pus

4) aureus

5) enterococci

55. EARLY SYMPTOM characteristic of TESTICULAR TUMORS

1) palpiruemaja swelling in scrotum

2) enlarged inguinal lymph nodes

3) retroperitoneal lymph nodes enlarged

4) gemospermija

5) chronic priapism

56. IATROGENIC CAUSE TRAUMA to the BLADDER CAN BE

1) punch in belly

2) fracture of the pelvis

3) catheterization of the urinary bladder

4) fall from height

5) stabbed in stomach

57. ANURIA is

1) absence of urine in the bladder

2) lack of allocation of urine in the kidneys

3) lack of self-urine

4) lack of urination during the day

5) the inability to self emptying of the bladder

58. ADENOMA occurs in MEN OVER

1) 20 years

2) 30 years

3) 40 years

4) 50 years

5) 70 years

59. CYSTOSCOPY SHOWS

1) for exploring the bladder cavity

2) exception of neoplasms of the urinary bladder

3) If you need a biopsy of neoplasms of the urinary bladder

4) 1 correctly) and 2)

5) all of the above

60. Complications of retrograde pieloureterografii are

1) perforation of kidney and ureter

2) acute pyelonephritis

3) retroperitoneal Phlegmon

4) Hydrocele

5) 1 correctly), 2), 3)

61. the factors contributing to the EMERGENCE of ACUTE PYELONEPHRITIS, are

1) polyuria

2) overheating

3) violation of the passage of urine and the outflow of venous blood from kidneys

4) violation of the flow of arterial blood to the kidney

5) CHRI

62. in teratome eggs size 6 cm in diameter showing treatment options

1) radiation therapy

2) chemotherapy

3) inguinal orchiectomy

4) combined treatment: polihimio, inguinal orchiectomy or radiotherapy

5) funikulotomija

63. IF the BLADDER is BROKEN VNEBRJuShINNOM BINDING RENTGENOGRAFIChESKIM RESEARCH is

1) retrograde cystography

2) uretrografija

3) cystoscopy

4) pnevmocistografija

5) review urography

64. ARENALNAJa ANURIA MEETS

1) when kidney hypoplasia

2) When you remove both kidneys

3) If you delete the only functioning kidney

4) 2 correctly), 3)

5) 1 correctly), 2), 3)

65. when the DIGITAL RECTAL STUDY CHANGES in the prostate gland that are specific to CANCER

1) iron increased by the same proportion, sharply strained and painful

2) iron is increased, its surface smooth, elastic consistency, mezhdolevaja notch smoothed, borders gland clear, palpation is painless

3) iron increased, dense, slightly painful, its surface rough, indistinct boundaries

4) iron-tight elastic consistency, in one of its share of a hotbed of softening

5) iron increased mezhdolevaja notch saved undulating, alternating with softening plots relatively thick fabric

66. Indications for RETROGRADE URETEROPIELOGRAFII

1) hydronephrosis with impaired patency of the pelvic-ureteric segment

2) tuberculosis of the kidney, ureter

3) acute pyelonephritis

4) urethral stricture

5) 1 correctly), 2), 4)

67. "Delayed cystography" is

1) cystography, made in distant periods after injury of the bladder

2) cystography, made in distant after excretory urography

3) rising cystography in two projections, the bladder is not emptied from x-ray fluid during the 20-25 mines and produced repeated cystography

4) cystography after emptying the bladder

5) cystography after additional introduction in bladder x-ray fluid

68. changes in the kidney in ACUTE PURULENT PYELONEPHRITIS is CHARACTERIZED by

1) violation of vascular permeability

2) leukocyte infiltration and external opening fabric

3) microbes in tissue and external opening accumulation

4) destruction of kidney tissue (canaliculi and clubockov)

5) true 1) 2) 3) 4)

69. Precancerous diseases of the penis include

1) non-viral papillomas

2) lejkoplakiju

3) chronic swelling balanopostit

4) jeritroplaziju Keir

5) true 1) 2) 3) 4)

70. MOST INFORMATIVE METHOD of RESEARCH for SUSPECTED BLADDER RUPTURE is VNEBRJuShINNYJ

1) excretory urography

2) catheterization of the urinary bladder

3) rising cystography

4) sample Zeldovicha

5) rising cystography with double physiological amount of contrast agent

71. PRERENAL ANURIA MEETS

1) acute heart failure

2) when renal artery or vein occlusion only kidneys

3) in diseases involving shock, collapse, fall of HELL

4) 2 correctly), 3)

5) 1 correctly), 2), 3)

72. the MOST RELIABLE METHOD of DIAGNOSIS of PROSTATE CANCER

1) inspection and palpation of the external genital organs

2) palpation of the prostate

3) cystoscopy

4) prostate biopsy

5) bone marrow biopsy

73. The MAIN LINK of the PATHOGENESIS of RENAL COLIC

1) violation of the passage of urine

2) ureteral trauma migratory stone

3) spasm of pelvis

4) increased blood pressure

5) urinary tract infection

74. An ultrasound scan enables you to identify uratne stones cups with diameter 1.0 cm

1) does not allow

2) in 10-20% of cases

3) in 20-50% of cases

4) in 50-90% of cases

5) in 100% of cases

75. The MOST COMMON CAUSE of PYELONEPHRITIS in pregnancy is

1) dilation of ureter through hormonal changes

2) compression of the ureters (the right to a greater extent) the enlarged uterus

3) decrease of reactivity

4) urinary tract infection before pregnancy

5) true 1) 2) 3) 4)

76. penile cancer contribute to

1) chronic urethritis, including trihomonadna etiology

2) use of contraceptives

3) chronic inflammation (Balanitis, balanopostit), phimosis, etc.

4) viral kondilomatoz and Leukoplakia

5) chronic inflammatory diseases of any etiology, bag prepucialnogo Leukoplakia

77. The PREFERRED VIEW of the DRAINAGE of the BLADDER when HIS INJURY is

1) autonomous urination

2) permanent catheter

3) bladder catheterization 2-3 times a day

4) cystostomy

5) establish drainage ring

78. RENAL ANURIA MEETS

1) urolithiasis

2) for chronic glomerulonefrite

3) when thrombosis or embolism of renal vessels

4) transfusion of incompatible blood

5) tuberculosis in left kidney

79. Early clinical signs of prostate cancer

1) urine retention

2) hematuria

3) perineal pain

4) dysuria

5) more often than not are manifested

80. EDUCATION URINARY STONES CONTRIBUTE to

1) the high concentration of creatinine in the blood

2) urostaz

3) the high pH of the urine

4) the lack or low level of protective colloids in urine

5) 2 correctly), 3 and 4))

81. Visualization of ultrasound scanning "dumb" buds

1) impossible

2) available in 100% of cases

3) available in 70% of cases

4) available in 50% of cases

5) available in 20-40% of cases

82. For ACUTE PURULENT PARANEFRITA at the disease onset is CHARACTERIZED by

1) purulent fever

2) permanent type of fever

3) intermittent fever

4) subfebrilnaya temperature

5) normal body temperature

83. IF BLADDER CANCER in STAGE T4 SHOWING

1) Transurethral jelektrorezekcija

2) electrocoagulation

3) bladder resection

4) cystectomy

5) conservative treatment

84. A COMPLETE BREAK of the URETHRA is

1) rupture of mucous membrane

2) rupture of mucous membrane and spongy body

3) interstitial gap

4) the gap of fibrous casings and spongy body

5) the gap of all segments of the urethra on limited area or on the whole circumference

85. POSTRENALNAJa (EXCRETORY) ANURIA MEETS

1) at stones of kidneys, ureters

2) when squeezing the ureter tumor, scar tissue

3) when glomerulonefrite

4) 1 correctly), 2)

5) 1 correctly), 2), 3)

86. The main techniques for early diagnosis of prostate cancer

1) study of hormonal balance

2) digital rectal examination prostate cancer

3) x-ray study of the bones of men older than 50 years

4) ultrasound examination of the prostate with biopsy

5) digital rectal examination prostate combined with Trus and defining the level of PSA

87. TAPPED on EXKRETHORNYKH UROGRAMMAH FILLING DEFECT in the SACK is ASSOCIATED with the formation of STONES

1) phosphate

2) uric acid

3) oxalate

4) mixed structure

5) holesterinovykh

88. With the introduction of radiopaque substances are possible all of these reactions, in addition to

1) headaches and dizziness

2) feeling the heat

3) metallic taste in mouth

4) makrogematurii

5) fall ad within 20 mmHg, shock

89. The MAIN VALUE in causing CYSTITIS is ATTACHED to

1) local circulatory disorders

2) physical factors

3) infection

4) chemical factors

5) common factors

90. Transurethral jelektrorezekcija shows in the following stages of bladder cancer

1) T1

2) T2

3) T3

4) T4

5) T1 and T2

91. The MAIN SYMPTOM of URETHRAL INJURY

1) macrogematuria

2) uretrorragija

3) delay urination

4) bruise on the vagina or perineal hematoma

5) 2 correctly) 3) 4)

92. The ACUTE DELAY URINATION is

1) lack of allocation of urine in the kidneys

2) the inability to self emptying of the bladder

3) absence of urine in the bladder when his catheterization

4) the absence of independent urinating in a horizontal position

5) the presence of 150 ml of residual urine

93. The main complaint of patients with prostate cancer in stage T1NoMo

1) frequent urination

2) perineal pain

3) pain in sacrum

4) subfebrilnuju temperature

*5)* there are no complaints

94. the review and EXCRETORY UROGRAPHY SUITABLE

1) when Kidney stone korallovidnom

2) at stones of both kidneys

3) with Ureteral stone or both ureters

4) If you suspect the presence of stone of any localization

5) 1 correctly), 2), 3 and 4))

95. an analysis of the review cannot be interpreted urogrammy

1) the State of the visible part of the skeletal system

2) the contours of the ureter

3) the contours of the lumbar muscles

4) shape, size, or position of kidneys

5) Shadows, suspicious on calculus

96. In the development of CYSTITIS PLAY a ROLE

1) conditionally pathogenic microorganisms

2) Mycoplasma

3) viruses

4) Chlamydia

5) true 1) 2) 3) 4)

97. bladder cancer often is localized

1) on the left side panel

2) on the right side wall

3) at the top of the

4) in the area of cervical

5) in the area of the triangle Leto

98. the main method of DIAGNOSIS of URETHRAL INJURY

1) excretory urography

2) down cistouretrografija

3) rising uretrocistografija

4) pnevmocistografija

5) review urography

99. The DELAY URINATION OCCURS

1) in case of renal colic

2) kidney tumor with the collapse

3) when the obstruction of ureters

4) If there is a violation of elektrolitnogo balance

5) when infravezikalnoj obstruction

100. Radical Prostatectomy for prostate cancer shows in stage

1) T1NoMo

2) T2NOMo

3) T3NoM1

4) T4N1M2

5) 1 correctly) and 2)

101. the SLOW STONES are ALL LISTED TYPES, EXCEPT

1) oxalate

2) phosphates

3) mixed

4) uratov

5) uratov and oxalate

102. Ultrasound signs of kidney cancer

1) three-dimensional rounded education

2) surround ovoidnoj education forms

3) thin-section surround hypoechogenic education structure

4) surround education rounded shape with uneven jehostrukturoj

5) gipojehogennoe surround education with capsule 2-3 mm

103. The SWELLING BALANOPOSTIT is INFLAMMATION

1) only the foreskin of the penis

2) only the Glans of the penis

3) paraurethral glands

4) the foreskin and Glans penis

5) the skin of the scrotum

104. for the clinic of bladder tumors are characterized by

1) pain

2) hematuria

3) dysuria

4) eritrotsitoz

5) dizuria in combination with makrogematuriej

105. The MOST CHARACTERISTIC SYMPTOM of URETHRAL DAMAGE PENILE INJURY

1) pain when urinating

2) urine retention

3) uretrorragija

4) weak urine flow

5) true 1), 2), 3)

106. The PARADOXICAL IShURIJa is

1) the inability to self urination

2) chronic delay urination

3) the combination of the delay urination with stress incontinence

4) incontinence of urine

5) the combination of the delay urination with urine neuderzhaniem

107. in the advanced stages of prostate cancer palliative surgery

1) troakarnaja cystostomy

2) the high section of the bladder

3) Transurethral jelektrorezekcija

4) nephrostomy

5) all true

108. in URATNOM STONE-SEGMENT URETERAL PELVIC, acute PURULENT PYELONEPHRITIS SHOWING

1) antibiotics, conservative treatment

2) percutaneous nefrolitotripsija

3) pielolitotomija, an audit of the kidneys, kidney dekapsuljacija, nephrostomy

4) shock-wave lithotripsy

5) ureteral catheterization

109. Renders the ureters by ultrasound scanning is possible

1) in all cases,

2) never

3) if they are not extended

4) if they are extended (urine)

5) in 50% of all research

110. KAVERNIT-IT

1) inflammation of the corpus cavernosum penis

2) fibroplasticheskaja penile induration

3) Phlebothrombosis penile skin

4) inflammation of the spongy body of urethra

5) inflammation is cavernous and spongy bodies of the penis

111. for suspected bladder tumor study should begin

1) to review x-rays of the urinary tract

2) with computed tomography

3) with ultrasound

4) with excretory urography

5) with ultrasound and cystoscopy

112. AFTER TESTICULAR CONTUSION MAY EXPERIENCE

1) testicular atrophy

2) testicular infarction

3) neuralgia

4) malignant degeneration

5) true 1) 2) 3) 4)

113. MACROGEMATURIA-IT

1) the presence in urine blood pigment hemoglobin

2) selection of blood from urethra

3) selection of blood in urine

4) the presence in the urine Porphyrin

5) jeritrociturija

114. For PROSTATE CANCER in STAGE T2NOMO CHARACTERISTIC

1) hematuria

2) urine retention

3) prostate gland stony density, without clear boundaries

4) prostate tugojelasticheskoj consistency, painless, not increased, one shares a single tight knot on the periphery

5) perineal pain

115. A WAY to DIAGNOSE BLADDER STONES

1) cystoscopy

2) retrograde cystography

3) excretory urography and tunneling cystography

4) ULTRASOUND of the bladder

5) 1 correctly), 2), 3) 4)

116. computer-aided x-ray tomography of the most suitable

1) when Kidney stone korallovidnom

2) when both kidneys stones (cups, lohanka)

3) with gidronefroticheskoj transformation

4) in case of kidney cancer

5) in any case,

117. acute INFECTION EPIDIDYMITIS SHOULD DIFFERENTIATE

1) with reabrupt and gidatid necrosis

2) with prostatitis

3) with kavernitom

4) with Fournier gangrene

5) with balanopostitom

118. radiation therapy in cancer kidney apply

1) when limfogennyh toxin

2) when tumor report in kidney Vienna

3) all patients after nephrectomy

4) radiation therapy is used in fixed, presaved metastases in the brain and bone lesions

5) 1 correctly) and 2)

119. The METHOD of EMERGENCY TREATMENT for ACUTE INJURY to the URETHRA is

1) cystostomy

2) primary suture of the urethra

3) probing of the urethra

4) plastic urethra for Holcovu

5) plastic urethra for Solovovu

120. Terminal THERE is HEMATURIA

1) in chronic pyelonephritis

2) acute cystitis

3) If the bladder neck tumor

4) for chronic glomerulonefrite

5) 2 correctly) and 3)

121. diagnostic TRIAD "includes

1) rectal examination, Trus biopsy

2) rectal examination, biopsy, monitoring PSA

3) rectal examination, Trus, control of PSA

4) control of PSA, TSH, LH

5) it is true as well), and)

122. the ETIOLOGICAL FACTOR of UROLITHIASIS

1) violation of fosforno-calzievogo Exchange

2) metabolic oxalic acid

3) violation of purine Exchange

4) urinary infection (pyelonephritis)

5) 1 correctly), 2), 3) 4)

123. simple kidney cyst symptoms Ultrasound

1) three-dimensional rounded education

2) three-dimensional rounded education with hypoechogenic structure

3) solid (tissue) formation of rounded shape

4) solid education rounded shape with smooth contours

5) three-dimensional rounded education with hypoechogenic structures and with the phenomenon of the distal-signal amplification

124. the ETIOLOGICAL FACTORS in causing PROSTATITIS are

1) bacteria and viruses

2) Mycoplasma and chlamydia

3) Trichomonas

4) Mycobacterium tuberculosis

5) true 1) 2) 3) 4)

125. renal pelvis tumor most commonly observed

1) pain

2) proshhupyvaemaja bud

3) hematuria

4) proteinuria

5) subfebrilnaya temperature

126. BEFORE REMOVING the DAMAGED KIDNEY RESEARCH

1) hemodynamics

2) the condition of the damaged kidneys

3) the remaining kidney function

4) data General urine analysis

5) clinical analysis of blood information

127. THERE is URETRORRAGIJa

1) kidney injury

2) acute cystitis

3) bladder neck tumor

4) as a variant of the rules

5) urethra damage

128. The causes of chronic renal failure for prostate cancer are

1) migrated Glomerulonephritis

2) acute pyelonephritis

3) chronic pyelonephritis

*4)* gidroureteronefroz

5) metastases

129. An ULTRASOUND SCAN of the KIDNEYS IT is ADVISABLE

1) when Kidney stone korallovidnom

2) at stones of both kidneys

3) with Ureteral stone or both ureters

4) in any case,

5) 1 correctly), 2), 3)

130. the review urography is to

1) clarify the functions of the kidneys.

2) clarification of bladder function.

3) evaluation of the function of the ureters.

4) identify suspicious shadows concrements in the projection of the kidneys and urinary tract.

5) diagnosis of kidney cancer.

131. PROSTATE INFECTION is MOST LIKELY to OCCUR

1) by hematogenic osteomyelitis

2) by limfogennym

3) go by

4) suffer from eating

5) urinogennym

132. in the localization of malignant tumors in the lower pole only kidneys should take

1) nefrjektomiju

2) kidney resection

3) monitoring of patients

4) not a tumor

5) jembolizaciju renal artery

133. MANDATORY SIGNS of INTRAPERITONEAL BLADDER RUPTURE is

1) pain over the vagina and the taxes not withheld urine

2) violation of the Act of urination and symptoms of irritation of the peritoneum

3) urinary injuries in tissue and pelvic pain on the vagina

4) renal insufficiency and fever

5) urinary incontinence and piuria

134. The TRUE PROTEINURIA OCCURS

1) If nephropathy pregnant

2) when kidney amiloidoze

3) kidney tumor

4) urolithiasis

5) 1 correctly) and 2)

135. In chronic renal failure and gidroureteronefroze in patients with prostate cancer are stage T4N2M1 showing

1) hemodialysis

2) peritonialnyj dialysis

3) nephrostomy

4) cystostomy

5) Prostatectomy

136. At STONES of KIDNEYS CAN RECOMMEND

1) pielolitotomiju

2) nefrolitotomiju

3) perkutannuju nefrolitotripsiju

4) 1 correctly), 2), 3)

5) circular (ring) nefrostomiju

137. A rising uretrocistografija used for Diagnostics

1) the gap of the urethra

2) kidney cancer

3) bladder cancer

4) kidney injury

5) prostatitis

138. COMPLICATION of ACUTE PROSTATITIS CAN BE

1) acute cholecystitis

2) urethritis

3) arthritis

4) prostate abscess

5) the swelling balanopostit

139. USED methods treating bladder tumors

1) Transurethral jelektrorezekcija

2) transvezikalnaja jedektrokoaguljacija

3) chemotherapy

4) immunotherapy

5) used 1), 2), 3 and 4))

140. To diseases that cause SEVERE DELAY URINATION INCLUDE

1) benign hyperplasia (adenoma) prostate (BPH)

2) CKD (chronic kidney failure)

3) ARF (acute renal failure)

4) chronic cystitis

5) acute pyelonephritis

141. Renal colic causes most often

1) tuberculosis of the kidney

2) ureter stone

3) chronic pyelonephritis

4) pelvic kidney dystopia

5) rupture of bladder

142. SUBRENALNOJ (POSTRENALNOJ) ANURII

1) vomiting

2) blood loss

3) double sided stone

4) intoxication

5) acute dysentery

143. provide DIAGNOSTIC ACTIVITIES, EXTRA PROCESSING that OCCURS when the TOTAL FREE MAKROGEMATURII

1) excretory urography

2) ultrasound of the kidneys and bladder

3) cystoscopy

4) computed tomography

5) determination of serum urea and creatinine

144. DON'T DELAY X-RAYS

1) incl oxalates

2) phosphates

3) mixed stones

4) Urata

5) none of the listed

145. in KIDNEY TUMORS the MOST CHARACTERISTIC is HEMATURIA

1) initial object

2) Terminal

3) total

4) jeritrociturija

5) strangurija

146. in order to DIVIDE the ANTERIOR URETHRA is TYPICAL of

1) hematuria

2) uretrorragija

3) anuria

4) pyuria

5) vesicoureteral reflux

147. The MOST ACCESSIBLE METHOD of DIAGNOSIS of BENIGN PROSTATIC HYPERPLASIA (BPH) is

1) isotope renografija

2) prostate biopsy

3) palpation of the prostate

4) determination of creatinine in the blood

5) determination of PSA

148. For KIDNEY INJURY is CHARACTERIZED by

1) secretory anuria

2) acute delay urination

3) excretory anuria

4) the clinical picture of peritonitis

5) total macrogematuria

149. The RESIDUAL URINE CAN BE DETERMINED by

1) renografii

2) ureteropielografii

3) ULTRASOUND of the bladder

4) cystoscopy

5) vesiculography

150. the NATURE of PAIN in STONE INTRAMURALNOGO URETER DIVISION in violation of URODYNAMICS

1) aching

2) blunt

3) sharp

4) acute paroxysmal

5) constant aching

151. an UNDERLYING SYMPTOM that defines STAGE DISEASE ADENOME PROSTATE CANCER

1) mikrogematuria

2) macrogematuria

3) piuria

4) the amount of residual urine

5) pollakiuria

152. URETHROSCOPY SHOWS

1) in acute throughout urethritis

2) at sub-acute throughout urethritis

3) when torpidnom reaches urethritis

4) chronic urethritis

5) for prostate cancer

153. When in/with the introduction of radiopaque substances are possible complications

1) allergic manifestations (skin rashes, swelling angioneuroticeski, broncho-and laringospazm, cough)

2) anafilakticheskj shock

3) macrogematuria

4) acute renal failure

5) 1 correctly), 2)

154. NON-INVASIVE TECHNIQUES, the MOST INFORMATIVE in the diagnosis of URINARY TUBERCULOSIS

1) rentgenurologicheskie

2) ultrasonic

3) radioisotope

4) bacteriological

5) bacterioscopic

155. Benign TUMORS of the RENAL PARENCHYMA of EPITHELIAL ORIGIN APPLIES

1) Fibroma

2) myxoma

3) adenoma

4) Leiomyoma

5) Angioma

156. in KIDNEY TRAUMA OPERATIVE TREATMENT shown in the CASE of

1) profuznoj hematuria with clots at increasing retroperitoneal hematoma

2) makrogematurii

3) when there is no selection urogramme contrast excretory substance damaged kidney

4) the normal function of the contralateral kidney

5) paresis of intestine

157. In ACUTE PROSTATITIS PAIN is MOST OFTEN LOCALIZED

1) above the vagina

2) in the lumbar region

3) in the lumbosacral spine

4) in the perineum and over vagina

5) in the perineum and sacrum

158. the DEVELOPMENT of BENIGN PROSTATIC HYPERPLASIA HAVE CONTRIBUTED to

1) chronic inflammation of the prostate gland

2) hormonal disorders in the body

3) heredity

4) viral infection

5) sexual excesses

159. Contraindications to CATHETERIZATION of the URINARY BLADDER CATHETER ELASTIC

1) acute urethritis, prostatitis and epididymitis

2) Chronic prostatitis

3) vnutribrjushinnyj rupture of bladder

4) fresh tearing of the urethra

5) 1 correctly) and 4)

160. The DIFFERENCE of POLIURII and POLLAKIURII

1) number of urination at night

2) the amount of urine in one urination

3) pain when urinating

161. SUBRENALNOJ (POSTRENALNOJ) ANURII

1) vomiting

2) blood loss

3) double sided stone

4) intoxication

162. the most VALUABLE WAY to DIFFERENTIAL DIAGNOSIS of RENAL COLIC FROM SURGICAL DISEASES

1) symptom Pasternackogo

2) symptom Schetkina-Bljumberga

3) Renal ultrasound

4) urine analysis

163. provide DIAGNOSTIC ACTIVITIES, EXTRA PROCESSING that OCCURS when the TOTAL FREE MAKROGEMATURII '

1) excretory urography

2) ultrasound of the kidneys and bladder

3) cystoscopy

4) computed tomography

5) determination of serum urea and creatinine.

164. IF the DISEASE is NOT CHARACTERISTIC of the COMBINATION into SEVERE CYSTECTASIA DUE and HEMATURIA

1) cystitis

2) prostatitis

3) endometriosis of the bladder

4) tuberculosis of the urinary bladder

5) bladder stone

165. SOME of THESE DISEASES is NOT the CAUSE of RENAL COLIC

1) urolithiasis

2) gidronefricheskaja transformation

3) Polycystic kidneys

4) Glomerulonephritis

166. name ALL the MAIN REASONS ANURII

1) prerenalnye, renal, postrenalnye, arenalnye

2) lung bilateral occlusion of ureter stones

3) one of ligation mochetocnikov at normal

4) functions of opposite buds

5) low blood pressure (nizhe70/40 mm Hg)

6) "crush syndrome"

167. The MOST RELIABLE WAY to DIAGNOSE cystic-URETERIC reflux in CHILDREN

1) cystography

2) cistomanometrija

3) catheterization of the urinary bladder

4) radioisotope renografija

168. specify the VSTREChAEMUJu MOST OFTEN CAUSE LEFT VARICOCELE

1) stenoticheskoe defeat the left Renal vein with the development of Renal vein hypertension

2) left renal artery stenosis

3) ureterogidronefroz left

4) left inguinal cryptorchidism

5) none of these reasons

169. HAEMATURIA with KIDNEY TUMORS

1) hematuria up to pain

2) hematuria after pain

3) hematuria simultaneously with pain

170. indicate the METHOD that allows you to judge the FUNCTIONAL CONDITION of KIDNEYS

1) review urography

2) retrograde pielografia

3) excretory urography

171. The EARLY SYMPTOMS of ACUTE PYELONEPHRITIS

1) hematuria

2) pyuria

3) zilindruria

172. what DISEASE DOES NOT CAUSE SECONDARY PARANEFRITA

1) Glomerulonephritis

2) kidney abscess

3) pyonephrosis

4) apostematoznyj pyelonephritis

173. what kind of PALPATION of the KIDNEYS DO YOU KNOW

1) bimanualnaja

2) palpation in an upright position

174. The patient HAS a SUSPICION of GIDRONEFROTIChESKUJu TRANSFORMATION the ONLY LEFT KIDNEY. When the BIOCHEMICAL STUDY of BLOOD UREA LEVEL is 10, 5MMOL/l CREATININE LEVEL-0, 467MMOL/l. PERChISLENNYH METHODS WILL IMMEDIATELY VERIFY the DIAGNOSIS

1) radioisotope renografija

2) review urography

3) ultrasound examination

4) excretory urography

5) retrograde ureteropielografiya

175. the PATIENT 3 MONTHS AGO DURING HYSTERECTOMY OPERATIONS DAMAGED the LEFT URETER defect which was IMMEDIATELY UShIT. AFTER THE OPERATION NOTES THE EMERGENCE AND PROGRESSION OF BLUNT, ACHING PAIN IN THE LEFT LUMBAR REGION. WHEN PALPVCII IN THE LEFT HYPOCHONDRIUM DEFINES TUMOROUS FORMATION WITH A SMOOTH SURFACE, SMOOTH CONTOURS, SLIGHTLY BALLOTIRUJUSHHEE. GENERAL URINE AND BLOOD-NO FEATURES. ACCORDING TO THE RADIOISOTOPE AND X-RAY RIGHT KIDNEY FUNCTION SATISFACTORY, LEFT A SIGNIFICANT DEGRADATION OF THE FUNCTION. WHAT STATE HAS OCCURRED IN THE PATIENT

1) adenocarcinoma of kidney

2) Polycystic kidneys

3) pyonephrosis

4) gidronefroticheskaja transformation

5) wrinkled bud

176. What COMBINATION of SURVEY TECHNIQUES WILL MAKE IT POSSIBLE to DIFFERENTIATE FALLING FROM DISTOPII BUDS

1) excretory urography

2) retrograde pielourografija

3) radioisotope renografija

4) aortography

5) hromocistoskopija

SELECT THE CORRECT COMBINATION OF RESPONSES

1) 1, 3, 5

2) 1, 2, 4

3) 2, 3, 4

4) 2, 3, 5

5) 3, 5

177. When INSPECTING CHILD DOCTOR DISCOVERED he had the DEFECT of the ANTERIOR ABDOMINAL WALL BELOW the NAVEL with the absence of ANTERIOR WALL of BLADDER PROLAPSED and the BACK WALL, VISIBLE MOUTH URETERS-of THEM RHYTHMICALLY ENTERS the URINE, RESULTING in SKIN THE MONS PUBIS AND THE INNER THIGHS. CONSULTATION UROLOGIST: EKSTROFIJA OF A BLADDER, SHOWS SURGICAL TREATMENT. IN WHAT TIME FRAME

1) during the first year of a child's life

2) over 3-5 years

3) in adolescence

4) When you see the first menstruation or sexual characteristics

5) upon reaching sexual maturity

178. DURING the EXAMINATION of the EXTERNAL GENITAL ORGANS of the BOY found that the EXTERNAL URETHRAL ORIFICE is LOCATED in the area of PENOSKROTALNOGO angle. WHAT KIND OF ABNORMALITY IN A CHILD

1) epispadias

2) hypospadias

3) ekstrofija of a bladder

4) Camille donatacci

5) Paraphimosis

179. In a SURVEY of patient 40 YEARS., DELIVERED in HOSPITAL ADMISSIONS DEPARTMENT ambulance, DIAGNOSED with ACUTE pyelonephritis, LEFT STONE LEFT URETER. WHICH OF THE FOLLOWING STUDIES WILL CONFIRM OR REJECT THE VIOLATION OF PASSAGE OF URINE FROM LEFT KIDNEY

1) catheterization of the urinary bladder

2) panoramic radiography

3) uroflowmetry

4) hromocistoskopija

5) radioisotope nefroscintigrafija

180. The patient 42 YEARS ARTERIAL HYPERTENSION with numbers 220/120 mm HG. CHURCH. THE DISEASE AROSE SUDDENLY REVEALED A YEAR AGO WHEN PUT UNDER EXAMINATION. THE PATIENT'S PARENTS DO NOT SUFFER HYPERTENSION. TREATMENT BY A THERAPIST HYPOTENSIVE MEANS INEFFICIENT. WHEN CONFRONTED WITH THE ABDOMEN IN EPIGASTRIA RIGHT DETERMINED SYSTOLIC MURMUR. SUSPECTED OF HAVING PERPETUATED RENOVASCULAR ARTERIAL HYPERTENSION. WHAT METHOD OF RESEARCH WILL CLARIFY THE DIAGNOSIS, IDENTIFY THE NATURE OF THE DEFEAT OF THE RENAL ARTERY.

1) radioisotope renografija

2) Renal ultrasound

3) retinoscopy

4) renal angiography

5) excretory urography

181. the SICK 38 YEARS ARTERIAL HYPERTENSION with numbers 180/110 mm Hg. DURING PREGNANCY, the 22-year-old HAS ENDURED a SHARP LEFT-PYELONEPHRITIS, which REPEATEDLY DEGENERATED, which TREATED PERMANENTLY. In the last 5 YEARS of AGGRAVATION, but STOPPED OSTAVALASHRONIChESKAJa INFECTION urinary tract. THERE HAS BEEN A UROLOGIST ABOUT CHRONIC RIGHT-HAND PYELONEPHRITIS. TWO YEARS AGO, APPEARED WITH GRADUALLY PROGRESSIVE HYPERTENSION BLOOD PRESSURE NUMBERS, WHICH TO DATE HAVE STABILIZED. WHEN THE SURVEY DETECTED A NONFUNCTIONING WRINKLED RIGHT KIDNEY. LEFT KIDNEY FUNCTION SATISFACTORY. WHAT TYPE OF TREATMENT DO YOU SUGGEST PATIENT

1) symptomatic

2) sanatorium-and-Spa

3) right-sided nephrectomy

4) balloon dilation of the renal artery to the right

5) revascularization right kidney

182. A PATIENT 37 YEARS enrolled in the clinic with COMPLAINTS of FEVER to 37-400c, CHILLS. 4 DAYS AGO APPEARED in the lumbar PAIN and PODREBERNOJ AREAS on the RIGHT with a DEEP BREATH. THE PAIN GRADUALLY INTENSIFIED. DURING AN INSPECTION BY PALPATION TENDERNESS RIGHT LUMBAR AREA, ESPECIALLY IN THE COSTO-SPINAL SPINE ISKREVLEN CORNER, RIGHT. PALPATION PAINFUL RIGHT KIDNEY AREA, DRAMATICALLY POSITIVE SYMPTOM PASTERNACKOGO THE RIGHT. SCOLIOSIS OF LUMBAR SPINE. THE PATIENT LIES IN POSITION WITH THE RIGHT HIP TO THE STOMACH. UNBENDING RIBS SHARPLY PAINFUL. IN RIGHT LUMBAR BULGING AND HYPEREMIA SKIN. THE OVERVIEW PICTURE BLURRED CONTOURS OF THE PSOAS MAJOR, ISKREVLENIE SPINE RIGHT. SHADOW OF THE BUDS IS BLURRED. THE EXCRETORY UROGRAMME URETER REJECTED MEDIALLY, POORLY DIFFERENTIATED ITS PRILOHANOCHNYJ DIVISION. MOBILITY RIGHT KIDNEYS WHEN BREATHING IS SHARPLY LIMITED. YOUR DIAGNOSIS

1) kidney tumor

2) sciatica

3) renal colic

4) paranefrit

5) osteochondrosis

183. The PATIENT 60 YEARS enrolled in the clinic with TOTAL FREE MAKROGEMATURIEJ and COMPLAINING of WEIGHT LOSS, periodic INCREASES in TEMPERATURE UP to SUBFEBRILNYH DIGITS, pain in the left LUMBAR REGION. PRIPALPVCII SCROTAL VARICOSE VEINS WERE IDENTIFIED THE LEFT SPERMATIC CORD, LEFT LOWER LIMB. WHAT'S YOUR PRELIMINARY DIAGNOSIS

1) urolithiasis

2) Portal cirrhosis

3) brain tumor with invasion of inferior vena cava

4) papillary tumor of ureter

184. the patient 60 YEARS enrolled in the clinic with TOTAL FREE MAKROGEMATURIEJ CLOTTED AMID SUBFEBRILITETA over the last 2 MONTHS. WHAT RESEARCH METHODS MUST BE PERFORMED URGENTLY

1) cistoskopiju + excretory urography

2) hromocistoskopiju + urine by nechiporenko method

3) bladder urofloumetriju + osadkamochi microscopy

4) catheterization of the urinary bladder + urine sediment microscopy

5) retrograde uretrocistografiju + study concentrations of blood urea

185. the PATIENT 48 YEARS for months INDICATED MIKROGEMATURIA, DULL PAIN in the lumbar region. THE REVIEW UROGRAMME TISSUES OF CONCREMENTS IN THE PROJECTION OF THE UPPER URINARY TRACT IS NOT REVEALED. THE SERIES EXKRETHORNYKH UROGRAMM KIDNEY FUNCTION IS PRESERVED, THERE IS SOME EXPANSION OF THE URETERS-LOHANOCHNOJ SYSTEM ON THE LEFT AND ECTASIA LEFT URETER TO THE MIDDLE THIRD OF THE FILLING DEFECT WHERE THERE IS A ROUNDED SHAPE. When RETROGRADE CATHETERIZATION LEFT URETER CATHETER MET the 15-m CM EASY PREODALIMOE obstacle in PASSING the HOLE FROM DISTAL URETERAL CATHETER DISTINGUISHED blood, SECRETION of which THEN STOPPED and when ADVANCE THE CATHETER WAS THE STAND OUT FREQUENT DROPS OF PURE URINE. WHAT IS YOUR DIAGNOSIS

1) urate ureter stone

2) the parenchyma of kidney cancer

3) papillary tumor of ureter

4) tuberculosis of the kidney and ureter lesion

5) lupus nephritis

186. In a patient DIAGNOSED with HISTOLOGICALLY VERIFIED LOW DIFFERENTIATED PEREHODNOKLETOChNYJ BLADDER CANCER in STAGE T2NxMx HITTING the CERVIX, a triangle and the MOUTH of URETERS. how much YOU MUST PERFORM THE SURGERY PATIENT

1) extended transuretralnuju jelektrorezekciju bladder tumor

2) palliative transuretralnuju bladder jelektrorezekciju

3) cistjektomiju with limfoadenjektomnej and urine

4) plane resection of bladder with ureterosigmoanastomozom

5) cistjektomiju with limfoadenjektomiej and ureterocistoanastomozom

187. of the FOLLOWING INDICATE THERAPEUTIC MANIPULATION, NOT ACCEPTABLE in THERAPEUTIC PRIAPIZMA

1) puncture of cavernous bodies with blood aspiration

2) corpus cavernosum perfusion solution of heparin

3) novocaine blockade the spermatic cord on Lorin-Jepshtejnu

4) intrakavernoznoe a solution of epinephrine

5) cavernous spongy lead-bypass

188. What COMBINATION of SYMPTOMS CHARACTERISTIC of PENILE FRACTURE

1) subcutaneous hematoma

2) hematuria

3) uretrorragija

4) prolonged erections

5) pain in the penis

6-bulbo cavernous) and kremasternogo reflexes

7) deformation of the penis

8) swelling of the foreskin

1) 2, 4, 5

2) 1, 6, 7

3) 4, 5, 8

4) 1, 5, 7

5) 1, 3, 6

189. The PATIENT ENROLLED through 3 MONTHS AFTER CLOSED INJURY of URETHRA and FISTULA MOChEPUZYRNOGO NADLOBKOVOGO to address the issue of RESTORING NATURAL urination. WHEN BUZHIROVANII URETHRA FOUND NEOPREODOLIMOE OBSTACLE IN THE PEREPONCHATOM DEPARTMENT. With URETROGRAFII in the same DIVISION REVEALED STRICTURE with a LENGTH of 1 mm. SELECT THE OPTIMUM TACTICS OF TREATMENT OF THIS PATIENT

1) probing

2) catheterization

3) Solovomu operation

4) Holcovu operation

5) internal optical uretrotomija

190. SICK 28 YEARS over the past 2 YEARS NOTES PAIN on the right side of the waist, ARISING in a vertical position, MAINLY in the AFTERNOON, especially DURING PHYSICAL EXERCISE, and gradually GOING in a prone position. IN THE RIGHT PART OF THE ABDOMEN IS DETERMINED BY THE SMOOTH, FLEXIBLE, SMESHHAEMOE IN THE DEXTRAL HYPOCHONDRIA, MODERATELY PAINFUL EDUCATION, LOWER EDGE WHICH IS LOCATED AT THE LEVEL OF THE UPPER ANTERIOR SPINE OF THE ILIUM. YOUR PRESUMPTIVE DIAGNOSIS

1) swelling of the ascending colon Division

2) hydrops of the gallbladder

3) left-falling

4) ovarian cyst

5) lumbar dystopia buds

191. the patient with RIGHT LOWER THIRD URETER STONE over the past year, PERSISTENT PAIN in the lumbar region on the right. PREVIOUSLY OCCURRED PAROXYSMAL PAIN IN RIGHT KIDNEY. BY PALPATION IN THE RIGHT PODREBERIE DEFINES TUMOROUS FORMATION WITH A SMOOTH SURFACE, SMOOTH CONTOURS, SLIGHTLY BALLOTIRUJUSHHEE. ACCORDING TO RADIOLOGY RESEARCH RADIOIZOTOPNOGOMI FUNCTION LEFT KIDNEY IS SATISFACTORY, THERE IS NO RIGHT. WHAT IS YOUR DIAGNOSIS

1) solitary cyst of kidney

2) tuberculosis of the kidney

3) right hydronephrosis

4) Polycystic kidneys

5) adenocarcinoma of kidney

192. What SYMPTOMS are LISTED for HYDRONEPHROSIS

1) anuria

2) aching pain in the lumbar region

3) hematuria

4) tumorous formation, palpable in the dextral hypochondria

5) acute urinary retention

SELECT THE CORRECT COMBINATION OF RESPONSES

1) 1, 2, 5

2) 2, 3, 4

3) 1, 4, 5

4) 2, 4, 5

5) 1, 3.5

193. The clinic in shock (AD-70/40 mm Hg, tachycardia-in 120 MINUTES, paleness) DELIVERED to the PATIENT, who FELL FROM the SCAFFOLDING from a height of 2-d floor in RIGHT LUMBAR BULGING, skin ABRASIONS, there PAIN AND MUSCLE STRAIN IN THE RIGHT ABDOMEN. TO REVIEW A RADIOGRAPH OF KIDNEYS AND URINARY TRACT INFECTIONS TO THE RIGHT KIDNEY AND SHADOW IMAGE CONTOURS ARE ABSENT, THE PSOAS MAJOR HAS A FRACTURE OF THE 11TH AND 12TH RIBS. WHAT RESEARCH YOU PUT FOR FURTHER DIAGNOSIS

1) cystoscopy

2) uretrografija

3) ULTRASOUND

194. What COMBINATION of SIGNS for MOChEKISLOGO NEFROLITIAZA

1 rentgenonegativnogo Kidney stone)

2) alkaline reaction urine

3) acid reaction urine

4) giperurikurija

5) phosphaturia

SELECT THE CORRECT COMBINATION OF SIGNS

1) 1, 2, 5

2) 1, 2, 4

3) 2, 4, 5

4) 1, 3, 4

5) 3, 4, 5

195. The patient 60 YEARS, arrived in a MATTER of URGENCY, with TOTAL FREE MAKROGEMATURIEJ, PALPATED SURROUND education in PODREBERNOJ AREA on the left. The PATIENT ALSO COMPLAINS of SUBFEBRILNUJu HYPERTHERMIA for 2 MONTHS. Analyses of BLOOD-enhancing the ESR to 50 MM/h YOUR PRELIMINARY DIAGNOSIS

1) gepatolienalnyj syndrome

2) left kidney tumor

3) prostate adenoma

4) left-sided hydronephrosis

5) Polycystic kidneys

196. ILL 25 YEARS CAME to the clinic URGENTLY with COMPLAINTS of FEVER to 39-40° c, chills, PROFUSE SWEATING, weakness, nausea, vomiting, DULL pain in the lumbar region and in the RIGHT HYPOCHONDRIUM. When INSPECTING: FREQUENT PULSE UP to 100 per minute, rhythmical LANGUAGE PURE, moist, by PALPATION ABDOMEN is PAINFUL in the right half. IN: URINE LEUKOCYTES COVER ALL SIGHT, BACTERIURIA. IN THE ANALYSIS OF BLOOD: LEUKOCYTOSIS, SHIFT LEFT LEUKOCYTE FORMULA, ESR IS INCREASED. When HROMOCISTOSKOPII: INDIGO CARMINE STANDS OUT FROM the LEFT MOUTH of the 5-th minute high, RIGHT-the 8-th minute. YOUR DIAGNOSIS

1) acute appendicitis

2) acute cholecystitis

3) acute left nonobstructive pyelonephritis (inflammatory diseases)

4) pelvic peritonitis

5) acute intestinal obstruction

197. the SICK 22 YEARS on the 24-th WEEK of PREGNANCY APPEARED DULL PAIN in RIGHT WAIST AREA, once was chills, INCREASED BODY TEMPERATURE to 39° c. SUFFERING CHRONIC TONSILLITIS. WHEN INSPECTING-RIGHT LUMBAR REGION BY PALPATION PAINFUL, PERITONEAL SYMPTOMS NO. PATIENT TRIES TO LIE IN THE LEFT HALF OF THE BODY. In: URINE LEUKOCYTES to 2-4 in sight.

YOUR DIAGNOSIS

1) detachment normally situated placenta

2) acute cholecystitis

3) acute pancreatitis

4) acute pyelonephritis pregnant

5) ectopic pregnancy

198. In PATIENT ADMISSIONS DEPARTMENT 34 YEARS complaining of PAIN in the lumbar region on both sides, the lack of INDEPENDENT URINATING within 8 hours. A YEAR AGO, DIAGNOSED with KIDNEY STONES, stones of BOTH KIDNEYS-0.5 -0.6 CM. WITH CATHETERIZATION OF THE URINARY BLADDER URINE IS NOT OBTAINED. ACCORDING TO UZI-BILATERALNOE EXPANSION OF BENIGN TUMOURS OF THE SYSTEMS.

WHAT IS YOUR ESTIMATED DIAGNOSED?

1) secretory anuria

2) excretory anuria

3) acute delay urination

4) chronic pyelonephritis

5) chronic renal failure

199. A PATIENT 32 YEARS enrolled in the clinic with COMPLAINTS of INCREASED BODY TEMPERATURE UP to 39.6° c. THE PATIENT'S CONDITION HEAVY POSITION THE PATIENT WITH INSTRUCTIONS TO THE STOMACH TO THE HIP, THE SHARP PAIN IN HIS FINGER, BULGING IN THE LUMBAR REGION AND HYPEREMIA RIGHT, PAIN IN THE LUMBAR REGION, ESPECIALLY IN THE LOWER-RIGHT CORNER OF THE KOSTOVERTEBRALNOM, SAFETY DECREASE LUMBAR MUSCLES IN LIGHT PALPATION, SCOLIOSIS OF LUMBAR SPINE.

WHAT IS AN EMERGENCY SURVEY MUST BE MADE TO A PATIENT FOR DIAGNOSIS

1) radioisotope renografija

2) uroflowmetry

3) ULTRASOUND

4) hromocistoskopija

200.21 year PATIENT complaints of pain in LEFT ABDOMEN DURING PHYSICAL EXERCISE. BY PALPATION AT THE LEVEL OF THE NAVEL IS DEFINED BY A SMOOTH AND PAINLESS EDUCATION MALOPODVIZHNOE. ACCORDING TO EXCRETORY UROGRAPHY PALPABLE EDUCATION-KIDNEY, URETER WHICH IS NOT CLEARLY VISIBLE. RIGHT KIDNEY IS NORMAL FUNCTION IT SATISFACTORY.

WHICH RESEARCH METHOD WILL ACCURATELY INSTALL ANOMALY KIDNEY PATIENT

1) cystography

2) radioisotope renografija

3) hromocistoskopija

4) renal angiography

5) ULTRASOUND

201. What COMBINATION of SYMPTOMS CHARACTERISTIC for RENAL COLIC caused by URETERAL STONE

1) occurrence of pain after makrogematurii

2) irradiation illusion of pain in the groin

3) jeritrociturija after weakening pains

4) symptom Ortner

5) nausea, vomiting

SELECT THE CORRECT COMBINATION OF SYMPTOMS

1) 1, 4

2) 2, 3

3) 3, 4

4) 1, 5

202. FROM the SOBERING-UP CENTRE DELIVERED a PATIENT 36 YEARS complaining of abdominal pain and INABILITY to SELF urination. 6 HOURS AGO he was beaten. SURVEY: PERIODICALLY SITS DOWN. THE ABDOMEN IS MODERATELY SWOLLEN, PAINFUL AT PALPATION, ESPECIALLY IN THE LOWER DIVISIONS. PERKUTORNO IN SLOPING FIELD DULLING THE IMPRESSION ABOUT THE PRESENCE OF FLUID IN THE ABDOMEN. NELATONE CATHETER No. 18 FREELY held in the BLADDER-STOOD 100 ML of URINE with blood. Al-120/80 MM HG. CHURCH. Pulse-88 per minute with GOOD FILLING. HB-140 g/l.

WHAT RESEARCH YOU PUT FOR DIAGNOSIS

1) uretrografiju

2) U3I kidney and bladder

3) cistografiju in 2 projections and shot after emptying the bladder

4) biochemical blood analysis

5) renografiju

203. ILL 29 YEARS came into the clinic with COMPLAINTS of FREQUENT, PAINFUL URINATION 20-30 MINUTES intervals, a SMALL ADMIXTURE of blood in the urine at the end of URINATION, pain in the SUPRAPUBIC REGION OUTSIDE the ACT of urination. IN URINE, TURBID URINE LEUKOCYTES COVER ALL FIELDS OF VIEW. DISCHARGE FROM THE GENITAL TRACT AND THE URETHRA WAS NOT DETECTED. SEXUAL PARTNER IS SEXUALLY TRANSMITTED DISEASES DOES NOT SUFFER.

YOUR DIAGNOSIS?

1) vulvovaginitis

2) adnexitis

3) simple bladder ulcers

4) acute cystitis

5) paracistit

204. A PATIENT 63 years admitted to hospital with ACUTE DELAY URINE within 5 DAYS. URINE FROM THE BLADDER CATHETER WERE EVACUATED. A history of over 2 YEARS, day and night POLLAKIURIA. At the time of INSPECTION BODY TEMPERATURE 38.3° c, PURULENT DISCHARGE FROM the URETHRA. PERKUTORNO: UPPER BOUND on bladder-4 CM ABOVE the LONNOGO JUNCTION. RECTAL: PROSTATE GLAND increased 2.5 times, and TUGOJeLASTIChESKOJ in CONSISTENCY, PAINFUL.

YOUR TACTICS?

1) Transurethral resection of benign prostatic hyperplasia

2) the establishment of a permanent catheter in the bladder, and two-way vazorezekcija

3) recurrent bladder catheterization

4) chrespuzyrnaja-ectomy

5) epicystostomy

205.55 YEARS in a patient DIAGNOSED with ADENOCARCINOMA of the PROSTATE under cancer T1N0M0. PATIENT RECOMMENDED SURGICAL TREATMENT.

SELECT THE OPTIMAL SURGICAL INTERVENTION.

1) lung bilateral vasectomy, epicystostomy

2) chrespuzyrnaja-ectomy of prostate cancer

3) urgent Transurethral jelektrorezekcija of prostate

4) laser ablation of the prostate and commissurotomy

5) radical prostatectomy

206.72 YEARS of PATIENT NOTES INTENSIVE ADMIXTURE of blood in the urine, occasionally without PAIN are ALLOCATED SHAPELESS BLOOD CLOTS deep red color. During the 20 YEARS HE WORKED at a CHEMICAL PLANT, PROIZVODIVShEM ANILINE DYES.

WHAT DISEASE YOU INTEND?

1) chronic interstitial cystitis

2) chronic pyelonephritis, oslojnenny urolithiasis

3) fornikalnoe bleeding against the backdrop of public renal hypertension

4) bladder tumor

5) tumor of pelvis and ureter

207. The patient 60 YEARS REVEALED a BENIGN PROSTATIC HYPERPLASIA stage 3. COMPLAINTS ABOUT INCONTINENCE, THIRST, WEAKNESS. When U3I: PROSTATE VOLUME 96 Cm3. Study: RECTAL PROSTATE SIGNIFICANTLY INCREASED in volume (3 times). RESIDUAL URINE-410 ML. THERE IS A BILATERAL URETEROGIDRONEFROZ, ANEMIA. BLOOD UREA -16 mmol/l, creatinine-200 mkmol/l.

WHAT THERAPEUTIC TACTICS YOU PUT

1) chrespuzyrnaja-ectomy of prostate cancer

2) urgent urgent Transurethral jelektrorezekcija of prostate

3) laser ablation of the prostate and commissurotomy

4) epicystostomy

5) software with advanced creation of arteriovenous hemodialysis fistula

208.58 YEARS in a patient DIAGNOSED with PROSTATE ADENOMA CANCER stage 1. The VOLUME of the PROSTATE-29 Cm3. IDENTIFIED PROSTATE STONES, CHRONIC CALCULOUS PROSTATITIS. NIGHT time 1 DAY POLLAKIURIA URINATION at intervals of 3-4 HOURS.

SPECIFY THE BEST TYPE OF TREATMENT

1) medicamental conservative therapy

2) chrespuzyrnaja-ectomy of prostate cancer

3) urgent urgent Transurethral jelektrorezekcija of prostate

4) laser ablation of the prostate and commissurotomy

5) ectomy pozadilobkovaja on Millinu

209. ILL 20 YEARS while playing FOOTBALL GOT a KICK in the crotch. APPEARED URETRORRAGIJA. NOTES THE NEED TO URINATE, URINATE BUT ALONE CANNOT. ABOVE THE VAGINA IS DEFINED BY BULGING, WHICH TAPED PERCUSSION SOUND GOOFY. A BRUISE THE PERINEUM. FROM URETHRA STANDS OUT BLOOD.

WHAT'S YOUR PRELIMINARY DIAGNOSIS?

1) kidney rupture

2) rupture of bladder

3) tearing of the urethra

4) damage to the prostate

5) hematoma of the perineum

210. A PATIENT 45 YEARS COMPLAINS ABOUT LACK OF INDEPENDENT URINATING within 12 HOURS, EXPRESSED PAINFUL urination, UNBEARABLE pain in the perineum and OVER the VAGINA. PREVIOUSLY, VIOLATIONS URINATION IS NOT MENTIONED. For 3 YEARS SUFFERING UROLITHIASIS, PERIODICALLY MOVING AWAY STONES UP to 0.5 cm in diameter. PERKUTORNO BLADDER at 8 CM ABOVE the VAGINA.

WHAT IS YOUR ESTIMATED DIAGNOSIS

1) adenoma of the prostate

2) acute prostatitis

3) bladder tumor

4) ureteral stones

5) stone of urethra

211. A PATIENT 62 years within the LAST 2 YEARS, a GRADUAL increase in MORBID NOTES the VOLUME of the LEFT HALF of the SCROTUM. INSPECTION: the LEFT HALF of the SCROTUM is INCREASED in volume by more than 3 TIMES, the SKIN is NOT changed by PALPATION TUGOJeLASTIChESKOJ consistency is HOMOGENEOUS, PAINLESS, egg with APPENDAGE and SPERMATIC CORD ELEMENTS are NOT DIFFERENTIATED. SYMPTOM DIAFANOSKOPII POSITIVE. THE RIGHT HALF OF THE SCROTUM WITH STRUCTURAL ELEMENTS HAVE NOT CHANGED.

WHAT IS YOUR DIAGNOSIS?

1) reproductive moshonochnaja hernia

2) swelling of the left testicle

3) limfjedema scrotum

4) Hydrocele of the left testicle

5) cyst of the left epididymis testicle

212. The PATIENT presented with a PAINFUL INCREASE in the volume of the PREPUCE, the impossibility of CLOSING the GLANS of the PENIS, which AROSE AFTER INTERCOURSE. INSPECTION: THE HEAD OF THE PENIS IS NAKED, EDEMATOUS, CIANOTICHNA. FORESKIN PURPLE-CIANOTICHNOJ DYEING, SEVERELY EDEMATOUS, PAINFUL

YOUR DIAGNOSIS

1) priapism

2) kavernit

3) penile fracture

4) penis limfjedema

5) Paraphimosis

213. A PATIENT 18 YEARS presented with difficulty urinating, INFLATING PREPUCIALNOGO BAG when URINATING. INSPECTION: THE HEAD OF THE PENIS IS NOT EXPOSED AS A CONSEQUENCE OF A SHARP NARROW OUTER HOLES PREPUCIALNOGO BAG.

WHAT IS YOUR DIAGNOSIS?

1) the swelling balanopostit

2) stricture of external urethral orifice

3) Camille donatacci

4) Paraphimosis

5) the hanging stone Division of the urethra

214. The PATIENT 24 YEARS presented with OCCASIONAL DULL PAIN in the left side of the SCROTUM that occur AFTER PHYSICAL EXERTION. BY PALPATION ON THE GO LEFT SPERMATIC CORD IS DEFINED GROZDEVIDNOE PAINLESS ELASTIC EDUCATION, DISAPPEARING IN THE SUPINE POSITION.

WHAT IS YOUR DIAGNOSIS

1) funikulit

2) varicocele

3) tuberculosis of epididymis

4) gidatidy torsion of Morgagni

5) cyst of spermatic cord

**GUIDELINES FOR WRITING AN EXTENDED DIAGNOSIS»**

**«Epicrisis "is a detailed medical justification for the diagnosis of the disease and the treatment of a specific patient.**

It should contain not so much factual data about the patient, but mainly their clinical evaluation. When working on "Advanced jepikrizom" being studied: the history of the disease, x-rays, results of different methods of diagnosis contained in the history of the disease. In cases where the beginning student supervision does not coincide with the day of receipt of the patient in hospital, physical data are evaluated at the time of the start of supervision, and the original data are clarified from previous medical records in the history of the disease.

(I). The PURPOSE of WRITING an extended DIAGNOSIS "-learn how to:

1) consistent, logically an informed analysis of individual patient's specific symptoms;

2) build a concrete plan for examination of the patient;

3) evaluation of the results obtained;

4) substantiation of diagnosis;

5) choice of optimal methods of treatment and in assessing their effectiveness;

6) formulation of subsequent (after checkout) medical recommendations and treatment-and-prophylactic actions.

II. All the necessary work with patients, medical students are required to do documentation itself. Radiographs evaluated student personally, with their descriptions and care physician or teacher. Information from the medical history should be studied thoroughly. References to promiscuity medical handwritings are not valid (should be used in this case to help doctors or teacher).

III. When working on "jepikrizom" is supposed to study the literature student (textbooks, lecture notes, additional sources available at the Department of bibliography).

IV. Many received in the course of the work of specific facts about the patient, various pathological deviations in results and methods of research are recorded only in personal student records. Subsequently, they must be logically laid out in the main summary (synthesis) under "diagnosis".

V. When you protect a "diagnosis" while offsetting the student must know the material in all sections of this Nosological forms and even unrelated to a specific patient (e.g. kuriruemomu, you must know the types of operations used for kidney stone disease, although sponsored by patient with kidney stone in this case was treated conservatively).

VI. Finished work for the instructor is dealt 1-2 days before the end of the cycle (the date of set-off).

VII. Set off for a cycle was adopted by the teacher only after checking the "Spinal" and successful testing.

The following is a list of the descriptions required for sections "diagnosis". Should adhere to the proposed section numbering. In the absence of information on an item, put down his room, he noted the sign "procherka". Further, given the answer to the next item.

**SCHEME OF WRITING AN EXTENDED DIAGNOSIS»**

Patient's name (oops) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis:

a. underlying condition:

b. complications of the disease:

in the. concomitant diseases:

|  |  |
| --- | --- |
| Time supervision:Group:The curator of the student: |   |

**(I) GENERAL INFORMATION** .

1. NAME AND SURNAME

2. Age

3. Profession

4. The date and time of admission to hospital

5. Diagnosis of the sending institution

6. Diagnosis on admission

7. Clinical diagnosis of the disease

8. Concomitant diseases

9. The date and name of operation

10. Postoperative complications

11. Statement date

**(II) . MEDICAL HISTORY.**

1. complaints (th) by the beginning of the supervision and

2. History of the disease. Depending on the nature and localization process medical history should start with the system by indicating the main manifestations of the disease:

(a)) time of the signs of this disease and what the patient Associates onset;

b) What are the symptoms of the disease are expressed;

in) the development of the disease (in what sequence appeared different symptoms of the disease);

g) time primary treatment to a doctor;

d) treatment of the patient before enrolling in clinic: outpatient, inpatient (therapeutic, surgical, etc.).

**(III) . HISTORY OF LIFE.**

1. Where born, as developed by age.

2. Transferred diseases in childhood and adolescence, perhaps related to the disease.

3. Trauma, disease, time of occurrence, circumstance.

4. Drug intolerance.

5. Heredity.

6. Hematology: blood transfusion history in the past, tolerability, response.

7. For women indicate Physiology and pathology of the sexual sphere (menstruation, pregnancy, childbirth, abortion, stillbirth, neonatal jaundice, Gynecologic diseases).

**THE CONDITION OF THE PATIENT AT THE TIME OF SUPERVISION**

Study of the patient should be in compliance with all rules: good lighting, ample nudity patient, proper relative position of the researcher and the researched, mandatory comparison of sick and healthy sides of body, etc.

Objective study of the patient and recording of the results obtained is held in strict order of clinical research methods (inspection, palpation, percussion, auscultation) organ and tissue systems.

**THE PRESENT CONDITION OF THE PATIENT**

**URINARY *SYSTEM.***

**Subjective data**

1. Pain:

a. location: in the lumbar region, above the vagina, the urethra.

b. character: aching, cutting, pulling, regular, periodic.

in the. the emergence of pain: after error in diet after taking alcohol, after physical load, drive, sudden movements.

g. connection with the Act of urination pain: at the beginning or the end of it, above the vagina, the urethra.

d. irradiation illusion: pain in the groin, genitals, hypochondrium.

2. Urination:

a. frequency: heart, day or night, in conjunction with fluid intake, alcohol, feeling of incomplete emptying of bladder after urination.

b. difficulty urinating, the reason their appearance, interrupt the Jet of urine.

3. the type and amount of urine:

a. color: muddy, bloody (mode of hematuria, duration and intensity, connection with errors in diet, physical activity injury).

b. impurities in urine: lumps of mucus and pus, bleeding, clots, their appearance, releases concrements, their color, the nature of the sediment in the urine.

in the. the amount of urine: for one day, urination at night and daytime, dependence on the number of used fluids and food.

4. Selection: bloody, purulent, scented, unscented, quantity.

**Objective data**

Inspection of the lumbar region, palpation of the kidneys, symptom Pasternackogo, discharge from the urethra, the vagina. Women-bimanual examination, for men, State bodies, the inguinal Canal to the scrotum, prostate cancer.

**THE ENDOCRINE SYSTEM.**

Signs of dysfunction of the endocrine glands (exophthalmia, increase of limbs, skin pigmentation, adiposity, thirst, poliuria).

Thyroid gland: visible and palpatornye dimensions, presence of knots, tumors, pain.

**LOCAL SYMPTOMS**

Detail and carefully describes the local symptoms of the disease using all clinical research methods (inspection, palpation, percussion, auscultation, measurement). Compulsory primary and secondary symptoms using special for each disease research and sampling.

**SPECIAL RESEARCH METHODS**

Analysis of blood and urine, stool, sputum, gastric juice, etc. Score laboratory data, instrumental examinations: x-ray, cystoscopy, sigmoidoscopy, bronchoscopy, esophagoscopy, etc. Score data received. Blood group and rhesus factor.

**JUSTIFICATION THE PRELIMINARY DIAGNOSIS**

Based on the complaints of the patient, anamnestic data, results of objective research indicates the most probable disease in a particular patient.

Further written plan for carrying out special methods of investigation of the patient: blood and urine tests, x-ray, laboratory, biochemical, endoscopic and other studies are needed to clarify and confirm the diagnosis.

**DIFFERENTIAL DIAGNOSIS**

Is a list of diseases, for a specific patient, which can be similar to the disease clinical picture. Differentiation is less likely to be more reliable. When performing a differential diagnosis with every disease initially identifies common symptoms of both diseases, and then perceive them.

Differential diagnosis is carried out strictly according to the clinical data of the supervised patient.

**TREATMENT**

To enumerate briefly the existing treatments for this disease (conservative, surgical), theoretically substantiated methods of conservative treatment of a particular patient. All medicines prescribed dosages and methods of application.

You must specify indications for surgical treatment in a particular patient, the volume of transactions, on-line access, select the method of anesthesia. Preparations for the operation. Possible complications and their prevention during the operation. Operation log and a description of the makropreparata. Treatment of the postoperative patient.

**DYNAMICS**

**Section should be concise, comprehensive, consolidated supervision for all days, and should not be reduced to a daily description of the general condition of the patient.** Specify what changes occurred in the patient's condition better or worse for days of supervision. Reflects the dynamics of the patient's condition, the condition of internal organs, for pre-and post-surgical disease (bandages, the nature and quantity of the discharge from the wound, caused complications, etc.). Describe the existence of possible drainage with a detailed description of the quantitative and qualitative composition of the discharge thereon. Compare the nature of pain, temperature reaction, dysuric disorders, diuresis, when admission and during treatment in hospital patient

**RECOMMENDATIONS**

Advise the patient after discharge from hospital for further medical treatment, specify the plan subsequent treatment, perhaps required further (planned) operational interventions, a diet regime examinations, sanatorium-resort treatment, disability and employment.

**FORECAST**

For life and work. Specify the degree of loss of earning capacity, its duration. Placement of the patient. The issues of rehabilitation.

**Standards of responses to the test tasks**

**Lesson # 1**

"SYMPTOMATOLOGY. ANOMALIES OF THE GENITOURINARY SYSTEM.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | 4 | **6** | 4 | **11** | 5 | **16** | 3 |
| **2** | 4 | **7** | 5 | **12** | 4 | **17** | 3 |
| **3** | 2 | **8** | 3 | **13** | 4 | **18** | 5 |
| **4** | 5 | **9** | 1 | **14** | 2 | **19** | 5 |
| **5** | 2 | **10** | 4 | **15** | 5 | **20** | 5 |

**Lesson # 2**

"SYMPTOMATOLOGY (CONTINUED)" BENIGN PROSTATIC HYPERPLASIA ". «PROSTATE CANCER».

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | 4 | **6** | 1 | **11** | 4 | **16** | 5 |
| **2** | 2 | **7** | 5 | **12** | 5 | **17** | 4 |
| **3** | 2 | **8** | 5 | **13** | 5 | **18** | 3 |
| **4** | 1 | **9** | 3 | **14** | 5 | **19** | 4 |
| **5** | 2 | **10** | 3 | **15** | 5 | **20** | 3 |

**Lesson # 3**

"MOCHEKAMENNA DISEASE (ICD, UROLITHIASIS, NEPHROLITHIASIS). "INSTRUMENTAL EXAMINATION METHODS IN UROLOGY.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | 4 | **6** | 5 | **11** | 1 | **16** | 3 |
| **2** | 1 | **7** | 4 | **12** | 5 | **17** | 5 |
| **3** | 5 | **8** | 4 | **13** | 2 | **18** | 5 |
| **4** | 4 | **9** | 5 | **14** | 5 | **19** | 5 |
| **5** | 5 | **10** | 5 | **15** | 4 | **20** | 4 |

**Lesson # 4**

"RADIATION AND RADIOISOTOPE DIAGNOSTICS IN UROLOGY.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | 5 | **6** | 4 | **11** | 5 | **16** | 4 |
| **2** | 5 | **7** | 5 | **12** | 2 | **17** | 4 |
| **3** | 5 | **8** | 4 | **13** | 4 | **18** | 5 |
| **4** | 5 | **9** | 5 | **14** | 2 | **19** | 4 |
| **5** | 3 | **10** | 3 | **15** | 4 | **20** | 1 |

**Lesson # 5**

"ACUTE INFLAMMATORY DISEASES OF THE UROGENITAL SYSTEM.

"NEFROGENNYE HYPERTENSION.

TUBERCULOSIS OF GENITOURINARY SYSTEM»

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | 4 | **6** | 4 | **11** | 5 | **16** | 1 |
| **2** | 3 | **7** | 5 | **12** | 1 | **17** | 1 |
| **3** | 5 | **8** | 1 | **13** | 3 | **18** | 5 |
| **4** | 1 | **9** | 3 | **14** | 5 | **19** | 3 |
| **5** | 1 | **10** | 5 | **15** | 4 | **20** | 4 |

**Lesson # 6**

«UROLOGICAL ONCOLOGY»

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | 3 | **6** | 4 | **11** | 5 | **16** | 5 |
| **2** | 2 | **7** | 5 | **12** | 5 | **17** | 4 |
| **3** | 2 | **8** | 1 | **13** | 1 | **18** | 3 |
| **4** | 3 | **9** | 4 | **14** | 5 | **19** | 2 |
| **5** | 5 | **10** | 2 | **15** | 5 | **20** | 5 |

**Lesson # 7**

"URGENT STATES IN UROLOGY.

GENITOURINARY SYSTEM TRAUMA.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | 1 | **6** | 4 | **11** | 4 | **16** | 5 | **21** | 2 |
| **2** | 1 | **7** | 3 | **12** | 5 | **17** | 1 | **22** | 3 |
| **3** | 3 | **8** | 3 | **13** | 5 | **18** | 3 | **23** | 3 |
| **4** | 5 | **9** | 1 | **14** | 3 | **19** | 2 |   |   |
| **5** | 3 | **10** | 5 | **15** | 3 | **20** | 1 |   |   |

**Lesson # 8**

MODEL TESTS FOR SET-OFF

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | 1 | **26** | 1 | **51** | 5 | **76** | 5 | **101** | 4 | **126** | 3 | **151** | 4 | **176** | 2 | **201** | **2** |
| **2** | 1 | **27** | 3 | **52** | 4 | **77** | 4 | **102** | 4 | **127** | 5 | **152** | 4 | **177** | 1 | **202** | **3** |
| **3** | 1 | **28** | 5 | **53** | 4 | **78** | 4 | **103** | 4 | **128** | 4 | **153** | 5 | **178** | 2 | **203** | **4** |
| **4** | 2 | **29** | 2 | **54** | 1 | **79** | 5 | **104** | 5 | **129** | 5 | **154** | 4 | **179** | 4 | **204** | **5** |
| **5** | 2 | **30** | 2 | **55** | 1 | **80** | 5 | **105** | 3 | **130** | 4 | **155** | 3 | **180** | 4 | **205** | **5** |
| **6** | 3 | **31** | 5 | **56** | 3 | **81** | 2 | **106** | 3 | **131** | 3 | **156** | 1 | **181** | 3 | **206** | **4** |
| **7** | 1 | **32** | 3 | **57** | 1 | **82** | 1 | **107** | 5 | **132** | 2 | **157** | 4 | **182** | 4 | **207** | **4** |
| **8** | 2 | **33** | 1 | **58** | 3 | **83** | 5 | **108** | 3 | **133** | 2 | **158** | 2 | **183** | 3 | **208** | **1** |
| **9** | 2 | **34** | 5 | **59** | 5 | **84** | 5 | **109** | 4 | **134** | 5 | **159** | 1 | **184** | 1 | **209** | **3** |
| **10** | 2 | **35** | 3 | **60** | 5 | **85** | 4 | **110** | 1 | **135** | 3 | **160** | 2 | **185** | 3 | **210** | **5** |
| **11** | 5 | **36** | 4 | **61** | 3 | **86** | 5 | **111** | 5 | **136** | 4 | **161** | 3 | **186** | 3 | **211** | **4** |
| **12** | 3 | **37** | 1 | **62** | 4 | **87** | 2 | **112** | 5 | **137** | 1 | **162** | 3 | **187** | 3 | **212** | **5** |
| **13** | 2 | **38** | 5 | **63** | 1 | **88** | 4 | **113** | 3 | **138** | 4 | **163** | 3 | **188** | 4 | **213** | **3** |
| **14** | 1 | **39** | 4 | **64** | 4 | **89** | 3 | **114** | 4 | **139** | 5 | **164** | 2 | **189** | 5 | **214** | **2** |
| **15** | 2 | **40** | 4 | **65** | 3 | **90** | 1 | **115** | 5 | **140** | 1 | **165** | 4 | **190** | 3 |   |   |
| **16** | 2 | **41** | 4 | **66** | 5 | **91** | 5 | **116** | 4 | **141** | 2 | **166** | 1 | **191** | 3 |   |   |
| **17** | 5 | **42** | 4 | **67** | 3 | **92** | 2 | **117** | 1 | **142** | 3 | **167** | 1 | **192** | 2 |   |   |
| **18** | 5 | **43** | 5 | **68** | 5 | **93** | 5 | **118** | 4 | **143** | 3 | **168** | 1 | **193** | 3 |   |   |
| **19** | 5 | **44** | 5 | **69** | 2 | **94** | 5 | **119** | 1 | **144** | 4 | **169** | 1 | **194** | 4 |   |   |
| **20** | 2 | **45** | 4 | **70** | 5 | **95** | 2 | **120** | 5 | **145** | 3 | **170** | 3 | **195** | 2 |   |   |
| **21** | 3 | **46** | 5 | **71** | 5 | **96** | 5 | **121** | 3 | **146** | 2 | **171** | 2 | **196** | 3 |   |   |
| **22** | 5 | **47** | 5 | **72** | 4 | **97** | 5 | **122** | 5 | **147** | 3 | **172** | 1 | **197** | 4 |   |   |
| **23** | 1 | **48** | 5 | **73** | 1 | **98** | 3 | **123** | 5 | **148** | 5 | **173** | 1 | **198** | 2 |   |   |
| **24** | 4 | **49** | 3 | **74** | 5 | **99** | 5 | **124** | 5 | **149** | 3 | **174** | 3 | **199** | 3 |   |   |
| **25** | 5 | **50** | 3 | **75** | 1 | **100** | 5 | **125** | 3 | **150** | 4 | **175** | 4 | **200** | 4 |   |   |

**Standards to answer situational tasks**

**Lesson # 1**

"SYMPTOMATOLOGY. ANOMALIES OF THE GENITOURINARY SYSTEM.

**Objective No. 1**

Patient is renal colic on the right. The sequence of appearance of pain and hematuria, christalluria allow, above all, think of urolithiasis, kidney or ureter stone uratnom to the right.

**Task No. 2**

The patient had the paradoxical ishurija (urinary incontinence when a crowded the bladder).

Taking into account the age, the gradual progression of the disease, should think about prostate tumors (adenoma and prostate cancer).

**Task No. 3**

For the source of the lejkociturii (as well as hematuria) is the most simple and quite informative method of research is the trehstakannaja trial.

**Task No. 4**

Brown sperm is characteristic for chronic vezikulita, although gemospermija may be a consequence of the novoobrazovatelnyh processes in the prostatic urethra.

Need digital study of prostate, seminal vesicles, prostate secretion, ultrasound of the bladder, prostate Trus. It may be necessary to study and tool-URS.

**Task No. 5**

Difficulty, frequent urination, especially at night, urine a squirt, increasing the size of the prostate, the presence of residual urine is characteristic of prostate adenoma. However, mikrogematuria and two-time macrogematuria require their source, i.e. the supplementary survey.

**Task No. 6**

Falling right, nefrogennaja hypertension.

Restaging shows excretory urography, aortography in horizontal and vertical position of the body is sick.

**Task No. 7**

You should think of the iliac distopii buds.

To avoid diagnostic errors produce an overview and excretory urography with a ring.

**Task No. 8**

Vnutrigrudnaja dystopia buds.

Shows the excretory urography.

**Task No. 9**

The preliminary diagnosis is polycystic kidney disease.

A sequence of normal x-rays. Very clear data on the nature of the disease can be obtained using ultrasound. Differential diagnosis is performed with tumors of the kidneys, cysts, solitarnymi gidronefrozom.

**Task No. 10**

Congenital stricture of the pelvic-ureteric segment left, left-sided hydronephrosis.

Produce review and excretory urography, optionally with delayed snapshots. Data on the functional ability of the kidneys can also be accessed using radioisotope methods of research, and its morphology with ultrasonography (ultrasound).

**Task No. 11**

The presence of opuholevidnogo education in the left kidney, the absence of the left mouth of the ureter, spherical projection plots left kidney on radiograph, the absence of its functions allow you to diagnose multikistoz the left kidney.

Shows surgical treatment is removing multikistoznoj kidneys.

**Task No. 12**

Ureterocele left with impaired passage of urine, right-angled ureterogidronefroz 3rd stage, chronic pyelonephritis, TMR.

Surgical treatment of ChPNS is shown on the left. On improving the function of the left kidney-ureterocistoneoanastamoz on antireflux technique.

**Task No. 13**

Ekstrofija of a bladder.

Surgical treatment (primary plastic bladder local tissues aged 2-3 days after birth). Operation Mihelsona-cistosigmoanastomoz after the age of 1.5 years.

After the operation is clinical supervision urologist for treatment and prevention of secondary pyelonephritis, stone formation.

**Task No. 14**

Urahusa cyst. Possible fistula urahusa (pupochnyj) full and part-time and bladder diverticulum.

Fistulas navel — expiry of urine through the navel at natuzhivanii, when urinating; moknutie navel, overgrowth of granulation around the navel. Bladder diverticulum is dysuria, two-phase urination, piuria.

Treatment is surgical.

**Task No. 15**

Bladder diverticulum.

In two projections cystography, cystoscopy.

Prompt treatment is excision of the diverticulum.

**Task No. 16**

Hypospadias capitata, stem, family mem-moshonochnaja, perineal. After 2-3 years penile straightening (cicatricial tissue excision and urethroplasty) in one or two stages.

**Task No. 17**

Contracture of bladder neck hypertrophy mezhmochetochnikovoj folds, valves, posterior urethra, urethral stricture, hypertrophy of seed tubercle, phimosis, narrowing the external orifice of the urethra.

Chronic urine retention, double sided ureterogidronefroz, chronic pyelonephritis, chronic renal failure.

Surgical removal of the infringed the outflow of urine from the bladder open or endoscopic access.

**Task No. 18**

Phimosis.

Chronic urine retention, chronic cystitis, pyelonephritis, bilateral ureterogidronefroz.

Excision of the prepuce.

Should operate when diagnosed.

**Task No. 19**

The child had phimosis.

As a result, poor outflow of urine from the bladder develops hypotension, muscle wall, hereinafter referred to ureterogidronefroz with signs of progressive CRF. Accession of infection causes cistopielonefrit. It is also possible the formation of stones in the bladder. Not less frequent complication of fimoza-as a result of joining the swelling balanopostit infection stenozirovanie foreskin.

Treatment operative.

**Task No. 20**

Patient complaints, hypertension, kidney failure, increased both palpation of the low density of urine, pyuria suggests Polycystic Kidney complicated chronic pyelonephritis and CHRONIC RENAL FAILURE. For further diagnosis must be made in the General blood analysis, the study of functional ability kidney-trial Zimnickogo, serum urea, residual nitrogen, creatinine, KHR (bicarbonate). Showing also the radioisotope and ultrasonic methods. When setting the end stage CRF excretory urography is contraindicated.

**Lesson # 2**

"SYMPTOMATOLOGY (CONTINUED)" BENIGN PROSTATIC HYPERPLASIA ". «PROSTATE CANCER».

**Objective No. 1**

Patient anuria.

Apparently, postrenalnaja, kalkuljoznaja. There is an urgent need to define the content of urea and creatinine in the serum, to review, bilateral ureteral catheterization urography with diagnostic and therapeutic purposes. In the absence of a pronounced азотемии shows the excretory urography. In the case of failure during the confirmation of diagnosis is catheterization nephrostomy or ChPNS on the right. Further treatment depends on the location and size of the stones, the degree of pathological changes in both kidneys.

**Task No. 2**

Involuntary urine when crowded bladder and prostate increase are a manifestation of a paradoxical ishurii characteristic of prostate adenoma stage III. This stage is accompanied by the phenomenon of renal failure, anemia, electrolyte disorders, intoxication, which is manifested in a particular patient general weakness, nausea, headaches.

The patient shows cystostomy followed desintoksikatini therapy correction elektrolitnykh violations and preparations for (II) phase adenomectomy.

**Task No. 3**

Given the advanced age of the patient, difficulty urinating, weak Rocky texture right lobes of the prostate gland, you can think about a malignant tumor of the prostate.

For further diagnosis is required to determine the total and free PSA, bladder, prostate, Trus prostate secretion on atypical cells, overview snapshot of the pelvic bones, excretory urography with descending cistografiej for clarifying the State of the upper urinary tract and the degree of germination of the tumor in the bladder lumen. And, finally, the most reliable method of diagnosis of tumors is a prostate biopsy under ultrasound control with subsequent histological study derived tissues.

**Task No. 4**

Clinical symptoms characteristic of prostate adenoma stage I.

Restaging should undertake a study of PSA, ultrasound of the bladder, the determination of the quantity of residual urine, prostate, Trus and excretory urography. Overview for 1st stage will adenomas characteristically preserve kidney function. Radiological sign adenoma is a symptom of "the Hill" or "the dome of a parachute. When confirming the diagnosis shows conservative therapy or-ectomy depending on survey data and measure "quality of life" on the scale of IPSS.

**Task No. 5**

The preliminary diagnosis is prostate adenoma cancer stage II.

For further diagnosis to recommend radioisotope renografiju or ultrasound of the bladder measuring the amount of residual urine. Data on the availability of an adenoma can be obtained using cystoscopy, cistografii, but only for special reasons.

**Task No. 6**

The main clinical manifestation of prostate cancer are often hard, brutal radikuloalgii, which are sometimes considered neurologists as primary sciatica. In this case, physiotherapeutic procedures were contraindicated, as for prostate cancer they cause rapid tumor growth and rapid metastasis. Favorite localization metastases-bone of the pelvis and spine.

It follows that the sick elderly, suffering from pain in the spine, should be inspected by the urologist to exclude from the pathology of the prostate gland.

**Task No. 7**

Given the advanced age of the patient, you can think about acute delayed urine, caused by giperplaziei prostate (BPH).

It is advisable to take blood for study, prostate specific antibodies. Then showing bladder catheterization, catheter better Tilman and digital rectal examination. In the absence of renal excretory urography is possible with descending cistografiej. The patient's preparation to urgent adenomectomy (within the first 24 hours after admission).

**Task No. 8**

The presence of lumbosacral radiculitis, bad treatment, and internationally at elevated rates of PSA, commits to exclude prostate cancer with bone metastases, despite the absence of changes in the prostate with finger study.

Showing ULTRASOUND of the bladder, prostate, Trus sekstantnaja prostate biopsy under ultrasound control, as well as x-ray of the pelvis and spine.

**Task No. 9**

Data of palpation of the prostate, PSA elevated indicators point to the possibility of prostate cancer. The presence of gidronefroticheskoj transformation due to compression of the lower thirds of the ureter cancer infiltration, leading to chronic renal failure.

Necessary x-ray bones of the pelvis and spine to exclude metastatic disease, bladder, prostate, Trus transrectal prostate biopsy to confirm the diagnosis.

When verification of diagnosis shows palliative therapy-castration (medical or surgical) and receiving antiandrogenov (flucinom).

**Task No. 10**

In a survey of BPH has been identified with the purpose of the test's, you must define the PSA, perform an ULTRASOUND of the bladder measuring the amount of residual urine, prostate, Trus IPSS , (L).

**Task No. 11**

Patient's BPH, acute delay urination, PMR, acute, acute ureth Cape adenomit, acute ascending pyelonephritis. Shows the urgent epicystostomy, infusion therapy, massive antibacterial therapy, supervision diureza and hell.

**Task No. 12**

Urgent epicystostomy, adequate infusion therapy under con LEM defining blood electrolytes, Hb , Ht careful monitoring diuresis and hell, antibacterial therapy.

**Task No. 13**

Medication (α-adrenoceptor antagonists (selective, selective), inhibitors of 5-α-reductase (synthetic, vegetable origin), combination drug therapy, aimed at reduction of inflammation in the prostate).

**Task No. 14**

Bearing in mind the stage of prostate cancer and the absence of contraindications for surgical treatment, optimal treatment option is a radical prostatectomy.

**Task No. 15**

Diagnosis: prostate cancer T4 NxMx with the germination of estuaries ureters. CHRI (III) Church.

Shows a palliative operation-ChPNS for the drainage of the kidney cavities.

**Task No. 16**

The ineffectiveness of conservative treatments, such as α1-blokatorami, you must decide on the surgical treatment of prostate-tour or cistostomii.

**Task No. 17**

In view of the complaints and the age of the patient, you can think about SSM amid BPH.

Required hospitalization, the definition of PSA, digital rectal examination, bladder catheterization. You want to exclude, what determines the further tactics of treatment.

**Task No. 18**

Patient clinic.

For further diagnosis, you must determine the level of PSA, hold transabdominalnoe and endorectal ultrasound examination, perform excretory urography and downward cistografiju. The most reliable method of diagnosis is biopsy of the prostate.

**Task No. 19**

A child enuresis, which is most commonly seen in boys. Causes of its occurrence are: (a)) violation of neuromuscular balance between innervaciej and the reduction of detruzora; b) pathological changes in the urinary tract; in the) emotional and mental disorder.

**Task No. 20**

U sick relative urinary incontinence in physical tension. Unlike urine incontinence with neuderzhanija urge to the Act of urination is not connected.

**Lesson # 3**

"MOCHEKAMENNA DISEASE (ICD, UROLITHIASIS, NEPHROLITHIASIS). "INSTRUMENTAL EXAMINATION METHODS IN UROLOGY.

**Objective No. 1**

Total hematuria was observed in diseases of the kidneys and bladder. The most common cause of total hematuria are tumors of the urinary system, the prostate. Hematuria, once established, could not subsequently repeated. So at the moment it is extremely important to determine the source of hematuria bleeding to subsequent survey highlight the affected organ. To determine the source of bleeding at the time of hematuria absolutely shows the cystoscopy for urgent reasons.

**Task No. 2**

Disease must be differentiated between right renal colic and acute surgical diseases of the abdominal cavity. Slightly noticeable symptoms of irritation of the peritoneum may be the result of paresis of intestine and be signs of peritonizma. Urgent examination should include common urine, blood, urography, hromocistoskopiju review, ultrasound of the kidneys and abdominal organs.

**Task No. 3**

Restiveness diseased irradiation illusion of pain, frequent gusts to the Act of urination, no symptoms of irritation of the peritoneum, mikrogematuria suggest that patient renal colic caused by, apparently, konkrementom right ureter. The clinical picture for appendicitis is not typical.

To refine the diagnosis in these cases produce hromocistoskopiju as well as rentgenissledovanie-overview and excretory urography.

**Task No. 4**

The patient had kidney stones. Stone bladder kidney origin, because in history there have been bouts of left renal colic.

To establish a definitive diagnosis must be made in the review and excretory urography. Diagnosis can be confirmed by cystoscopy and ultrasound. In the absence of other pathologies in organs of the urinary system shows cystolithotripsy.

**Task No. 5**

The patient must make excretory urography, which you can use to identify whether the attitude of the shadow to mochetochniku that in obturirujushhem stone expanded above places obstacles-"symptom finger" (Lichtenberg). In connection with the violation of kidney function contrast material appears in the pelvic-tools system and ureter later than the opposite side. When Fuzzy data excretory urography shows catheterization right ureter with urografiej review in two projections. When still uncertainty the diagnosis can be made by retrograde ureteropielografiya too in the two projections. Match the specified shade shadow catheter or kontrastirovannogo ureter on both images would constitute reliable proof of the stone in the right ureter.

**Task No. 6**

Dysuria and macrogematuria with messy blood clots are most common for bladder tumors.

It is necessary to perform an ULTRASOUND of the bladder, cistoskopiju.

**Task No. 7**

Total hematuria is an absolute indication for conducting emergency cystoscopy.

The urgency is because gematuria, once established, may soon come to an end. Objective: to establish the source of the bleeding.

**Task No. 8**

Sudden onset of severe pain in the lumbar region and dysuria are typical for renal colic. At the same time, local pain in the right iliac region does not preclude the presence of acute appendicitis.

There is a need to conduct an overall analysis of blood and urine. In acute appendicitis is characterized by progressive leucocytosis, leukocyte shift to the left. In the analysis of urine in kidney colic is usually celebrated in the sludge increased number of erythrocytes and leukocytes (pyuria and jeritrociturija). With differential-diagnostic purpose showing review urografia, hromocistoskopija, ultrasound of the kidneys.

**Task No. 9**

Renal colic due to patient violation outflow of urine from the right kidney and increased vnutripochechnogo pressure. The reason is the stone in the lower third of the ureter. Given the low efficiency of the Council's activities, shows the catheterization right ureter with holding the catheter ureteral stones proximal to the beak. Restored the outflow of urine from the kidneys and decrease vnutripochechnogo pressure will stop an attack of renal colic.

**Task No. 10**

Answer: because the patient has the outflow of urine from the left kidney, acute pyelonephritis is secondary. Appointment of antibacterial therapy is not restored the outflow of urine can lead to massive loss of germs and endotoxins into the overall blood flow through the veins of fornikalnye. This can develop bakteriotoksicheskij shock, creates a direct threat to the life of the patient. Small term diseases (6:00) lets hope that ailing serous phase pyelonephritis and restore the outflow of urine from the kidney in combination with antibacterial and desintoksikatini therapy will lead to regression of inflammatory changes in renal tissue . Therefore, the patient shows a left kidney lohanki catheterization with subsequent appointment of antibiotics and holding desintoksikatini therapy. A better option is the production of ChPNS left with the subsequent ureterolitojekstrakciej or tripsiej.

**Task No. 11**

We can assume the bladder stone.

Restaging suitable digital rectal examination, ultrasound, cystoscopy and radiography of pelvis. They will identify rentgenopozitivnyj or rentgenonegativnyj konkrement, determine the existence of prostate hyperplasia or other obstacle to drain urine.

Upon detection of bladder stone shows cystolithotripsy, when combined it with giperplaziei prostate or bladder neck sclerosis-cistolitotomija with adenomjektomiej or wedge resection of the bladder neck, because these diseases, causing difficulty urinating, contribute to kamneobrazovaniju.

**Task No. 12**

Right renal colic.

To refine the diagnosis of ultrasonography and appropriate overview snapshot of the urinary tract, hromocistoskopija. When ULTRASOUND is found a stone in the kidney, ureters dilation, dilatation system lohanochnoj the overlying the urinary tract if ureteral stone; the overview picture of the urinary system in the kidney or ureter projection on the right can be found rengenpozitivnyj konkrement; When hromocistoskopii will lag or lack of selection of the solution indigokarmina from the mouth of the right ureter.

Excretory urography is needed. Upon confirmation of diagnosis showing hot tub, intravenous or intramuscular 5 ml Dior becomes House, blockade Lorin-Jepshtejnu. There is a need for catheterization pelvis right kidney.

**Task No. 13**

Acute right-angled obturazionny calculous pyelonephritis.

To clarify the diagnosis required renal ultrasound, an overview snapshot of the urinary system, excretory urography.

Upon confirmation of the diagnosis is shown emergency surgery — ureterolitotomija, dekapsuljacija kidney, nephrostomy left with subsequent anti-inflammatory therapy. Endoscopic surgery (ChPNS with subsequent percutaneous ureterolitotripsiej) are dangerous by virtue of the limitations of the disease and the need for the audit of the left kidney.

**Task No. 14**

Urolithiasis, the stone of the right ureter.

Taking into account the small size of the stone, the treatment must be conservative, to the discharge of ureteral stones: reinforced drinking regime, "water strikes, decoctions of herbal diuretics, antispasmodics, avisan, cistenal, urolesan, electrical stimulation urethral therapy. In the case of ureteral stones neothozhdenija-ureterolitojekstrakcija, or contact ureterolitotripsija.

**Task No. 15**

It is necessary to make cistoskopiju, because the cause of the hematuria may be bladder pathology (stone, swelling). X-ray examination must include excretory urography, if necessary-looking ureteropielografiju with oxygen (pnevmopielografiju).

Radioisotope research methods will give an idea of the separate functions of the kidneys. Renal ultrasound will install localization and size of ureteral stones.

**Task No. 16**

Have the patient revealed a dysfunctional left kidney stone, staghorn, kalkuljoznyj pyonephrosis. Function of the right kidney is not broken. To eliminate the source of infection and intoxication shows nephrectomy on the left.

**Task No. 17**

Stones of uric acid and its salts are formed when an acid reaction urine. Ill need to limit meat consumption and recommend dairy vegetarian diet, periodic reception of terpenes, increase fluid admission application of diuretic herbs, spa treatment at health resorts with composition (source type Borjomi). Mr. kanefrona course shown within two months.

**Task No. 18**

SPD patient, anuricheskaja stage. Bouts of renal colic in history can be caused by urolithiasis and postrenalnym nature anurii. However, the development anurii after consuming mushrooms suggests nefrotoksikoze and renal anurii. To establish the nature of the latter shows bilateral catheterization pelvis dilatation. With patency ureters and lack of urine by catheter anuriju renal, should be considered.

In such a case, the sick should be directed to the Office of artificial kidney dialysis. In the case of postrenalnoj anurii and spending mochetochnikovyh catheters above places obstruction, passage of urine by catheter, they should leave for a few days or nefrostomiju.

**Task No. 19**

The development of the disease, the objective data, laboratory, x-ray does not allow you to confidently establish a diagnosis.

The differential diagnosis must be made between acute appendicitis (for that show pain in iliac region, temperatures rise to 37.8°, one-time vomiting, muscle strain in the right iliac region, leucocytosis 12000) and renal colic ( in favor, which indicate a positive symptom dysuria, Pasternackogo and jeritrociturija). To exclude or confirm the diagnosis of renal colic the patient should make hromocistoskopiju. If Indigo Carmine will stand out from the mouth of the ureters through 4-6 minutes, the diagnosis of renal colic should be rejected. When the delay or absence of selection of indigokarmina the mouth of the right ureter establishes a diagnosis of renal colic, and conducted further diagnostic procedures to determine the cause of the disease.

**Lesson # 4**

"RADIATION AND RADIOISOTOPE DIAGNOSTICS IN UROLOGY.

**Objective No. 1**

The young age of the patient, high blood pressure numbers, there is a slight difference between systolic and diastolic pressures, a disease associated with injury of lumbar region (possibly perirenalnaja hematoma with subsequent organization and sklerozirovaniem introduced fiber), failure of hypertensive therapy suggest nefrogennuju arterial hypertension.

Restaging should explore blood pressure in horizontal, vertical position of the patient's body, after physical activity, as well as urological examination (urografia, radiocontrast vascular study of the kidneys).

**Task No. 2**

Dull pain in the lumbar region, repeated attacks of acute pyelonephritis in disorder, high blood pressure, kidney and frown when x-ray signs survey suggest the nature of nefrogennyj hypertension.

To clarify the vascular architectonics shows selective renal Arteriography right. Remove right kidney will hope to eliminate arterial hypertension or stabilization of blood pressure indicators.

**Task No. 3**

The lack of shadows concrements in the overview picture in no way exclude the presence of stones in the urinary tract, because they can be rentgennegativnymi.

Excretory urography should be on which shade of ureteral stones rentgennegativnogo looks like a defect filling with clear contours, respectively, localization and the size of the stone. When a small filling defect konkremente is not always because the contrast dye flows around it on all sides.

Clear evidence of stone in the urinary tract can be obtained using ultrasound and when retrograde pnevmopielografii.

**Task No. 4**

The study indicates the possibility of a second frown left kidney as a result of post-traumatic pyelonephritis.

For a definitive solution to the question shows the selective renal Arteriography.

**Task No. 5**

The development of the disease, the objective data, laboratory and radiographic studies do not allow for certainty diagnosis.

The differential diagnosis must be made between acute appendicitis (per reflecting iliac region pain, fever, leukocytosis with 37.8 to 12000) and renal colic (in favor, which indicate dysuria, positive symptom Pasternackogo and jeritrociturija). To exclude or confirm the diagnosis of renal colic should be hromocistoskopiju, ultrasonography, excretory urography.

**Task No. 6**

The patient must make excretory urography, by using which you can figure out the lohanochnoj ureters extension system to the right and positive symptom "index finger" (a symptom of Lichtenberg). Data are unsatisfactory, urografii patient shows the right ureter catheterization with subsequent review urinary tract radiography in two projections. Match the specified shade shadow ureteral catheter on both pictures will be reliable proof of the stone in the right ureter.

**Task No. 7**

Should first think of left kidney tumors.

For diagnosis, ultrasound should be as "screening test" and then the computer, magnetic resonance or multispiralnuju Tomography to determine the prevalence of process. In the absence of pathology in the kidney shows ureteroscopy for ureteral tumor infiltrirujushhej exceptions.

**Task No. 8**

In a patient with a tumor of the bladder, you need to find out the status of the upper urinary tract, more to the left, because the left ureter estuary cystoscopy is not visible. Shows the production of excretory urography. Tunneling cistogramma will assess the contours of the bladder and filling defect sizes. On the extent of tumour spread can be judged by doing pelvic computed tomography and ultrasound policistoskopiju.

**Task No. 9**

Bilateral multiple shadows rounded shape with the enlightenment in the Center, the localised in the pelvic area, characteristic for flebolitov-quality stones.

In addition to flebolitov, suspicious on urinary calculus shadows can be caused by the obyzvestvlennymi lymph nodes and blood vessels podvzdoshnymi, fibromatoznymi nodes of the uterus.

**Task No. 10**

Patient right renal artery stenosis, renovascular form of Nephrogenic hypertension.

Plastic surgery is shown on the renal artery, right kidney autotransplantation is possible.

**Task No. 11**

Clinical data give reason to suspect a vazorenalnuju form of Nephrogenic hypertension.

It is necessary to make kidney Arteriography.

**Task No. 12**

Pain in the lumbar region on the right, increased after physical exertion and become smaller when the horizontal position of the body of the patient, the presence of palpiruemogo education in the right podreberie (rolling, smooth, maloboleznennogo) allow you to think about right hand nefroptoze.

For further diagnosis must be made in the excretory urography in vertical and horizontal position of the body is sick.

**Task No. 13**

It can be assumed the tumor left kidney pelvis. You cannot exclude the possibility of stone uratnogo pelvis.

Restaging should undertake an ultrasound scan and computed tomography.

**SEMINARY lesson # 5**

"ACUTE INFLAMMATORY DISEASES OF THE UROGENITAL SYSTEM.

"NEFROGENNYE HYPERTENSION.

TUBERCULOSIS OF GENITOURINARY SYSTEM»

**Objective No. 1**

Pain in groin areas, spreading into the scrotum, pain during palpation of the prostate, swollen right its share, a large number of cells in the prostate secret — the characteristic manifestations of Chronic prostatitis.

**Task No. 2**

High body temperature, chills indicate an inflammatory process in the parenhimatoznom body that has a good blood supply. Perineal pain and dysuria are characteristic of prostate disease, as evidenced by data rectal prostate. Due to the fact that there are no saved stations urination fluctuations, indications for surgery yet.

Shown conservative treatment is bed rest, rectal suppository with npvs, antibacterials (ftorhinolonovogo) at first intravenously and then orally, desintoksicazionnaya therapy.

**Task No. 3**

The preliminary diagnosis is acute right-angled pyelonephritis.

It is necessary to make the common blood and urine tests, review a snapshot of the urinary system and excretory urography, ultrasound of the kidneys.

**Task No. 4**

Diagnosis: urolithiasis, stone left ureter. Complications: acute obturazionny secondary (calculous) right-angled pyelonephritis.

Therapeutic activities are in the left ureter catheter in order to restore the outflow of urine from diseased kidneys and subsequent appointment of antibacterial, conditioning and desintoksikatini therapy. If you cannot spend a urethral catheter proximal to ureteral stones or treatment failure shows an operation — ureterolitotomija, pieloureterostomija, dekapsuljacija left kidney. If successful, conservative therapy and weakening phenomena pyelonephritis later apply one of the options for kamneizgonjajushhej therapy.

**Task No. 5**

Anamnesis data and analysis of urine suggest that new mothers have chronic pyelonephritis, subacute period.

You must perform bacteriological analysis of urine, overview and excretory urography, ultrasound of the kidneys.

**Task No. 6**

Prostate adenoma cancer, acute pyelonephritis is double sided secondary.

It is necessary to perform general clinical and biochemical analyses of blood and urine tests, review and excretory urography, ultrasound of the bladder with determination of residual urine, Trus prostate.

When confirming the diagnosis shows surgical treatment-epicystostomy. In the postoperative period after restoring the passage of urine-intensive conservative treatment of pyelonephritis in generally accepted schemes. In a subsequent decision of the question of the conservative or surgical treatment of BPH.

**Task No. 7**

Right kidney wrinkled again as a consequence of pyelonephritis.

Nephrectomy is shown on the right.

**Task No. 8**

The preliminary diagnosis is a chronic recurrent pyelonephritis. Plan of survey — analysis of urine occult lejkocituriju (Attorney-at-law), bacteriological analysis of urine, renal ultrasound standing and lying, and excretory urography, mikcionnaja cystography to exclude TMR. Possible need for cystoscopy for excluding anomalies at the mouth of the ureters.

**Task No. 9**

The clinical picture of the patient have chronic cystitis, flowing relentlessly beyond antibacterial therapy. The reason for this might be kidney tuberculosis cystitis with bladder lesion.

You must perform bacteriological analysis of urine, urine culture for Mycobacterium tuberculosis, cistoskopiju (specific bumps, sores, scars), overview and excretory urography.

**Task No. 10**

Aseptic piuria, dull pain in the lumbar region, prolonged dysuria are typical manifestations of tuberculosis of the kidney and the urinary system.

Proof of this assumption are changes to urogrammah where there is a picture of the cavernous TB. For further diagnosis showed a urine culture to VC, the holding of a biological sample.

**Task No. 11**

Given the ineffectiveness of non-specific therapy, disuria, pathological changes in the urine, cusps characteristic of tuberculosis of the urinary bladder.

You must perform bacteriological study of urine, urine culture for bacillus of Koch, overview and excretory urography, optionally, retrograde pyelography right.

**Task No. 12**

Given the existence of lejkociturii and ankylosis of knee joint specific etiology should keep in mind the tuberculosis of the urinary system.

It is necessary to clarify the presence of contact with TB patients (parents, relatives). In terms of the survey provide x-ray examination of the lungs, urinary sediment microscopy, bakanaliz urine, urine culture for bacillus of Koch, and excretory urography overview, with unclear picture-retrograde pyelography.

**Task No. 13**

The preliminary diagnosis is a chronic left epididymitis, fistular form. Shows a complex examination of the lungs, kidneys and urinary system Tuberculosis screening. In addition, it is necessary to make urine, prostate and purulent discharge fistula on the VC. Shows surgical treatment is jepididimjektomija with histological study remote appendage of the left testicle. Upon confirmation of the diagnosis of urogenital tuberculosis — prolonged chemotherapy under the supervision of ftiziourologa.

**Task No. 14**

Increase and the density of the epididymis, the presence of dermal scar fused with an appendage, indicate a specific process in the appendage with once existing fistula in place of the scar. Pyuria points to defeat specific process not only sex, but also the urinary system.

You must produce crops of urine and prostate secretion on VK, overview and excretory urography.

**Task No. 15**

The patient had abnormal kidney stones — calculous pyonephrosis. You must make an excretory urography with delayed images, as well as to define separate renal function using radioisotope methods. In the absence of pathological processes in the opposite kidney and unmodified function shows a right-sided nephrectomy. When broken kidney function of the left-right disposal nephrostomy concrements.

**Task No. 16**

The patient had acute right-angled paranefrit. To confirm the diagnosis have to do chest x-rays, ultrasound of the kidneys and excretory urography review.

The overview picture for acute paranefrita characteristic of scoliosis in the injured side and disappearance, blurred lines the edge of the psoas major on the side of the lesion. The excretory urogramme taped offset kidneys whose function in the primary (applied) paranefrite, as a rule, is not broken.

**Task No. 17**

The clinical picture is characteristic for acute prostatitis. Digital study should be undertaken of the prostate via the rectum. A rough study may cause acute pyelonephritis and shock.

**Task No. 18**

Cystalgia patient.

The cause of the disease in this case may be transferred earlier to pelvic inflammatory disease.

**Task No. 19**

The patient had acute cystitis. In this case, there is a relationship between the sex life and urinary tract infection, depending on the anatomical features of the female urogenital system.

Taking into account the cause, primarily with the preventive purpose worth recommending the need to urinate before and after intercourse. Another cause of disease can be very rare emptying of the bladder. Hence the need for the regime of frequent urination — every 2:00. With the repetition of such a situation shows the postkoitalnaja antibiotic prophylaxis (better ftorhinolonovogo series or oral liquid) in half one dose.

**Task No. 20**

Stone left ureter. Acute obstructive left pyelonephritis.

Catheterization of the left ureter. In case of insurmountable obstacles (ureteral stone) shows the percutaneous puncture nephrostomy. After you restore the outflow of urine from the left kidney to the appointment of antibacterial and desintoksikatini therapy drugs number of NPVS. After weakening phenomena pyelonephritis should remove ureter stone one way (conservative, endoscopically or by open surgery).

**Task No. 21**

Chronic pyelonephritis, wrinkled right kidney, nefrogennaja hypertension.

Complaints history and survey data indicate a terminal stage of chronic pyelonephritis, which shows a nephrectomy on the right.

**Task No. 22**

Renal ultrasound-dilatation lohanochnoj ureters system right, thickening of the right kidney parenchyma, limiting her mobility.

Hromocistoskopija-lag indigokarmina allocation of the right mouth.

Excretory urography is a reduction of contrast material selection with a sore hand, the stiffness of kidney patient with respiratory movements (inhalation and exhalation urography).

**Task No. 23**

Smooth elastic education in the scrotum is typical for dropsy shells right testicle.

You can specify the diagnosis by ultrasound and diafanoskopii.

Treatment operative. A Hydrocele may occur due to chronic epididymitis, as a complication of acute gonorrhea.

**SEMINARY Lesson # 6**

«UROLOGICAL ONCOLOGY»

**Objective No. 1**

Reference to contact the patient with aniline dyes should alert the physician's attention regarding the possibility of bladder tumors. Disuria and pain in the abdomen can be a manifestation of bladder lesion.

The most complete information about the presence or absence of the tumor in the bladder can be obtained by making the patient cistoskopiju. This method will allow but only to diagnose tumors, but prevalence and determine its attitude towards the mouths. Data cystoscopy would be the leading value in determining tactics and level of the operational manual.

**Task No. 2**

The presence of hilly tumor positive symptom balloting and timpanit over education indicate localization process in zabrjushinnom space. Percussion Timpanit caused by intestinal gas in ascending Department and hepatic corner colon. If percussion over education was diminished, would think about the localization process and abdominal cavity. You must exclude the swelling buds. For diagnosis and determining treatment tactics showing retrograde pielografia, ultrasound, vascular studies the kidneys. And when they cannot or neinformativnosti requires the computer tomography.

**Task No. 3**

Rapidly progressive ishudanie, anemia, subfebrilitet, increased SEDIMENTATION RATE indicate a malignant tumor, which can be localized in the kidney. Persistent cough is caused by the "distressed" dry Pleurisy or germination of the tumor in the pleura.

Should ultrasound and x-ray examination of the kidneys.

**Task No. 4**

The preliminary diagnosis is a tumor of the urinary bladder. Plan of survey — bimanualnaja palpation, ultrasound of the bladder, alcohol flush with atypical cells in the bladder, cystoscopy, and excretory urography with descending cistografiej.

**Task No. 5**

Should first think of left kidney tumors. For the diagnosis of renal ULTRASOUND should be review and excretory urography, if necessary-Radiology angiographic study of the kidneys (review aortografiju, selective renal Arteriography left).

**Task No. 6**

Set the selection of blood from the left of the mouth, so speculate left kidney tumor.

Restaging showing renal ultrasound, computed tomography.

**Task No. 7**

Bladder tumor patient, located in the area of the mouth of the left ureter, which, in addition to bladder resection, ureterocistoanastomoza are required on the left.

**Task No. 8**

Palpation of the prostate data suggest the presence of prostate cancer in a patient.

To confirm the diagnosis requires biopsy of the prostate, urinary system and x-ray of the pelvis to detect possible metastasis, determination of PSA.

**Task No. 9**

The patient had swelling of the right testicle.

You must make an ultrasound of the scrotum, testicular biopsy sampling with cytological study excretory urography, punctate, chest x-ray, computed tomography of thorax, abdomen, retroperitoneal space definition of the content token, angiotensin-converting enzyme (ACE), human chorionic gonadotropin (HCG) (seminoma does not produce ENZYME and HCG).

**Task No. 10**

The patient had invasive bladder cancer allegedly (II) - (III) stage (ureterogidronefroz).

Shows a radical cystectomy with replacement bladder isolated segment of the intestine.

**Lesson # 7**

"URGENT STATES IN UROLOGY.

GENITOURINARY SYSTEM TRAUMA.

**Objective No. 1**

The suddenness of the start of pain, pain in left kidney palpation are typical for renal colic.

You need a differential diagnosis with acute surgical diseases of the abdominal cavity.

Upon confirmation of a diagnosis showing hot tub, intravenous or intramuscular 5 ml Dior becomes House, blockade Lorin-Jepshtejnu. There is a need for catheterization pelvis right kidney.

**Task No. 2**

SPD patient, anuricheskaja stage. Bouts of renal colic in history can be caused by urolithiasis and postrenalnym nature anurii. However, the development anurii after consuming mushrooms suggests namysl about nefrotoksikoze and renal anurii.

To establish the nature of the latter shows bilateral renal pelvis dilatation catheter. With patency ureters and lack of urine by catheter anuriju renal, should be considered. In such a case, the sick should be directed to the Office of artificial kidney dialysis. In the case of postrenalnoj anurii and spending mochetochnikovyh catheters above places obturation, passage of urine by catheter, they should leave for a few days or nefrostomiju. In addition, informative method of diagnosis may be a renal ultrasound.

**Task No. 3**

The preliminary diagnosis is traumatic rupture of the urethra. For further diagnosis must be made retrograde uretrografiju.

**Task No. 4**

Patient anuria. Apparently, postrenalnaja, kalkuleznaja.

There is an urgent need to make a review, urography renal ultrasound, bilateral ureteral catheterization with diagnostic and therapeutic purposes. In the case of failure during the confirmation of the diagnosis is catheterization nephrostomy.

**Task No. 5**

As a result of prolonged compression of expanses of muscle groups of the lower extremities in these disturbed blood circulation (hypoxia) and lymph circulation, resulting in destroyed cells muscle fibres. Their content is accumulated in the intercellular spaces. When you restore blood circulation develops acute intoxication of these products. Raises the SPD renal anuria due to crush syndrome.

When transporting the victim must:

1. Impose a bunched on the lower limbs.

2. Impose their bubbles with ice.

3. Carry out transfusion detoxication therapy.

**Task No. 6**

Septic abortion, anaerobic septicemia. Acute renal failure, oligoanuricheskaja stage.

There was an urgent need to make scraping the uterus, and if there is evidence — remove it. Shows a complex therapy with obligatory haemodialysis. Antibacterial therapy should be carried out with due regard to the risk of cumulative their actions in connection with kidney failure.

**Task No. 7**

Acute sulemoj poisoning. Acute renal failure, oligoanuricheskaja stage. Showing hemodialysis and complex therapy.

**Task No. 8**

The patient had acute renal failure prerenalnogo Genesis due to dehydration caused by frequent vomiting. Apparently, peptic ulcer stenosis complicated gatekeeper. As a result of the prolonged and significant loss of electrolytes and water with vomit on the grounds of pyloric stenosis acute renal failure has occurred, the so-called hlorpenicheskaja bud azotemia with sharp, gipokaliemiei. To restore the function of the kidney shows conservative pathogenetic therapy, primarily filling potassium, chloride, blood plasma proteins.

**Task No. 9**

Pain, macrogematuria, presence of swelling in the left lumbar region give doctor basis to suspect kidney damage. To address the issue of the nature of the changes in the kidneys, you must perform a renal ultrasound, review and excretory urography, which would identify signs of left kidney damage (no shade, weak psoas major and later filling the cold substance of pelvis-tools, System traces vnepochechnye contrast agent or complete lack thereof on the side of the injury) and State kontrlateralnoj buds.

**Task No. 10**

History and objective data are typical for the right kidney damage, presence of urogematomy.

Signs of bleeding from the kidney, which apparently led to a decline in HELL and racing pulse. Do not clear the nature of the damage, in connection with which shows renal angiography. In the absence of conditions for its realization the patient shall be operative treatment is ljumbotomii, the audit of the right kidney. Type of operation on kidney will depend on the extent of its damage.

**Task No. 11**

Pain above the vagina, ishurija, emerged after the injury, forcing the situation of the patient, presence of symptoms "vanki-vstanki», the overhang of the anterior wall of the rectum, the free fluid in the abdomen are characteristic of intraperitoneal bladder rupture.

Shows the retrograde cystography, which finds an afterflow of rentgenkontrastnogo substances outside the bladder, that is a sign of his gap. The patient is subject to urgent operative treatment is laparatomii, auditing organs of the abdominal cavity, dressing her, sealing a ruptured bladder, jepicistostomii (vnebrjushinno), drainage of the abdominal cavity.

**Task No. 12**

Vnebrjushinnyj gap indication for bladder is cistotomii, audit operations of the bladder, sealing the divide, draining the bladder (epicystostomy) and okolopuzyrnoj fiber on Bujalskomu-MAK-Uorteru or in other ways.

**Task No. 13**

The fall in the crotch with the subsequent uretrorragiej allow you to think about traumatic rupture of the urethra.

You must perform a retrograde uretrografiju.

**Task No. 14**

In a patient with a fractured pelvis, apparently, there is a complete breakdown of the urethra. Shows the urgent uretrografija. Upon confirmation of the diagnosis is epicystostomy, the primary suture of the urethra, drainage urogematomy.

**Task No. 15**

Pain in the head of the penis, its infringement, cianotichnost indicate the Paraphimosis. Should produce conservative ward heads (moved from parafimoza in phimosis) and then assigning baths with potassium permanganate. When futility of Canal-surgical treatment (section pinching ring foreskin).

**LIST OF RECOMMENDED LITERATURE**

(a)), the principal educational literature

1. Urology: Stud. for students of honey. universities/N.a. Lopatkin [etc.]; Ed. N.a. Lopatkina.-6 Ed., revised. and additional charge.-m.: geotar-media, 2005.-520 with. -50 copies.

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3. Urology: Stud. For students/universities honey N.a. Lopatkin, 2007, GEOTAR-Media. -520-7 copies.

4. Lopatkin N.a. Urology: [Email/Lopatkin n.a., 2011 GEOTAR media

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b) additional training literature

2. Urology: national leadership/ed. N.a. Lopatkin.-m.: geotar-media, 2009.0-1024 with. -3 copies.

3. test for an interdisciplinary examination (Urology)/Orenburg State. honey. ACAD.-Orenburg: Publishing House of OSMA, 2001.0-8s. -60 copies.

in) software -system-wide and application software.

1. the consultant physician [electronic resource]: e. Info-obrazovat. System. UROLOGY.-version 1.1.-electron Dan.-m.: geotar-media, 2009. -1 ER.

g) database, information and search engines -Internet resources that meet the subject discipline.



**Original**

Учебное пособие для изучения урологии содержит методические материалы для студентов лечебного факультета и представлено планами лекций и практических занятий, отражает основные требования кафедры по усвоению оптимального объема знаний и умений.