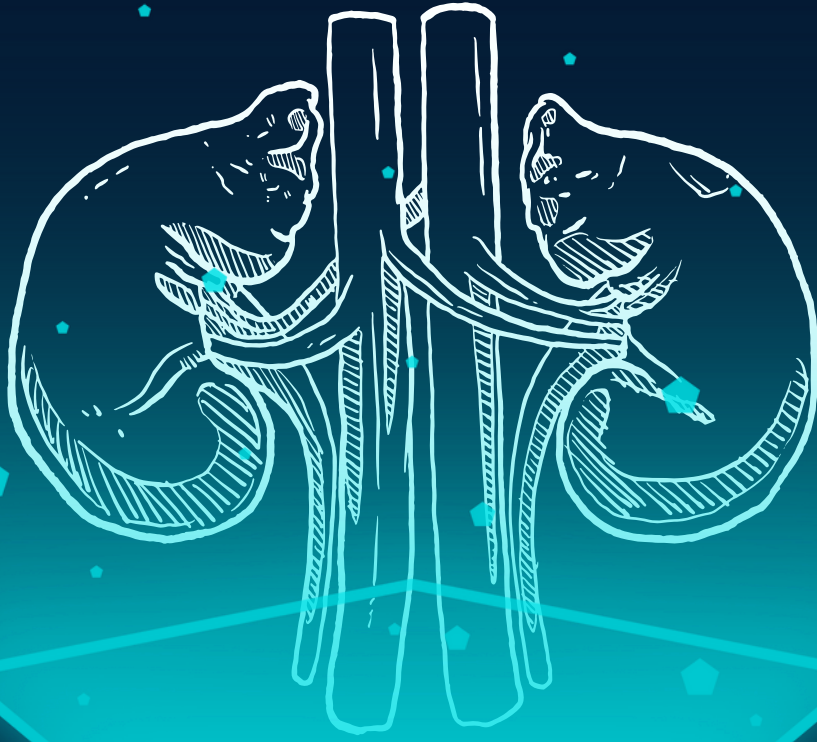


LEGENDS

WEEK 1+2

PREPARED BY EBAA ALZUBI & ANAD ALSABEALAH



PELVIC 1

What is the main cause of Coccydynia?

A

Bleeding from blood vessels

B

Injury to the sciatic nerve

C

Fracture of the pelvis

D

Direct trauma to the coccyx

Which ligament extends from the tip of the L5 transverse process to the iliac crest?

A

Superior pubic ligament

B

Sacrotuberous ligament

C

Iliolumbar ligament

D

Lumbosacral ligament

What is the function of the sacrotuberous and sacrospinous ligaments?

A

Support and maintain pelvic viscera in position

B

Allow rotation around a horizontal axis

C

Prevent anteroinferior displacement of L5 vertebra

D

Convert the greater and lesser sciatic notches into foramina

Which muscle forms the pelvic diaphragm along with coccygeus?

A

Coccygeus

B

Levator ani

C

Obturator internus

D

Piriformis

What is the origin of the pubococcygeus muscle?

A

Body of pubis and anterior 1/2 of the white line

B

Posterior 1/2 of the white line and ischial spine

C

Lower part of back body of pubis

D

Pelvis surface of ischial spine

D
C
D
B
A

What can happen due to injury to the pelvic floor during childbirth?

A

Uterine and vaginal prolapse

B

Herniation of the bladder

C

All of the above

D

Alteration in the position of the bladder neck

What is the action of the levator ani muscle on the anorectal junction and vagina?

A

Allows rotation around a horizontal axis

B

Resists the rise in intra pelvic pressure

C

Acts as a sphincter

D

Supports and maintains pelvic viscera in position

PELVIC 2

Which artery originates from the abdominal aorta at the level of L2?

A

Arteria Mediana Sacralis

B

Iliolumbar Artery

C

Superior Rectal Artery

D

Ovarian Artery

Which parasympathetic nerve is located in the pelvis?

A

Pelvic Splanchnic Nerve

B

Pudendal Nerve

C

Obturator Nerve

D

Inferior Gluteal Nerve

Where do the preganglionic fibers of the Pelvic Splanchnic Nerves arise from?

A

1st, 2nd, and 3rd sacral nerves

B

2nd, 3rd, and 4th sacral nerves

C

3rd, 4th, and 5th sacral nerves

D

4th, 5th, and 6th sacral nerves

C
C
D
A
B

Which part of the body does ejaculation depend upon for innervation?

A

Sympathetic

B

Autonomic

C

Parasympathetic

D

Somatic

What is the final lymph node for the internal, external, and sacral lymph nodes?

A

Superficial inguinal lymph nodes

B

Deep cervical lymph nodes

C

Popliteal lymph nodes

D

Common iliac lymph nodes

skin from coccyx to the anus is innervated by ?

A

S4-S5 nerve roots ,
Perforating cutaneous nerve

B

T7-T8 nerve roots

C

S4-S5 nerve roots ,
Anococcygeal nerve

D

S1-S2 nerve roots

KIDNEY

What is the clinical presentation of Renal Vein Entrapment Syndrome?

A

Haematuria

B

Renal colic

C

Hypertension

D

Renal pain

which one is related posteriorly to the left kidney ?

A

lesser sac

B

liver

C

spleen

D

body of pancreas

psoas major

A
D
C
A
D

UR&TER

Where does the abdominal part of the ureter begin?

A

Upper end of the renal pelvis

B

Middle of the renal pelvis

C

Bladder

D

Lower end of the renal pelvis

What prevents regurgitation of urine from the bladder to the ureter?

A

Valve at the bladder opening

B

No prevention mechanism

C

Straight termination of the ureter

D

Oblique termination of the ureter

Where does the ureter receive sympathetic fibers from?

A

L1 - L5 segments of spinal cord

B

T11 - L2 segments of spinal cord

C

C1 - C5 segments of spinal cord

D

S1 - S5 segments of spinal cord

ureter pain is referred to ----- by -----nerve .

A

posterior abdomen , hypogastric

B

groin& anterior thigh by genitofemoral

C

scrotum or labium majora by obturator

D

groin& medial thigh by genitofemoral

THE URINARY BLADDER

Which arteries are responsible for supplying the base of the urinary bladder in males?

- Superior and inferior vesical arteries
- Superior and vaginal arteries
- Inferior and vaginal arteries
- Inferior and inferior vesical arteries

D

Where do lymphatics from the bladder neck drain directly?

- Internal iliac lymph nodes
- External iliac lymph nodes
- Sacral lymph nodes
- Inguinal lymph nodes

C

In case of intraperitoneal bladder rupture, where does urine and blood escape into?

- Into the ureters
- Into the abdomen
- Into the scrotum
- Into the rectum

B

What is the remnant of the embryonic urachus?

A

Median umbilical ligament

B

Lateral ligament of the bladder

C

Puboprostatic ligament

D

Medial umbilical ligament

Which artery supplies the base of the urinary bladder, seminal vesicle, and prostate in males?

A

Umbilical artery

B

Superior vesical artery

C

Inferior vesical artery

D

Vaginal artery

A

C

URETHRA

Which part of the male urethra is the narrowest and where a calculus may lodge?

A

Third part

B

Fourth part

C

Second part

D

First part

What is the function of the internal urethral sphincter in males?

A

Controls urine flow voluntarily

B

Aids in ejaculation

C

Prevents reflux of semen into the bladder

D

Maintains continence of urine

What is the only anatomic cause of urinary retention in females?

A

Benign enlargement of the prostate

B

Acute inflammation around the urethra

C

Malignant enlargement of the prostate

D

Acute urethritis

MALE GENITAL

What is the function of the cremaster muscle in response to cold?

A

Relaxes and allows testicular descent

B

Contracts and elevates the testis

C

Assists in heat loss through the scrotum

D

Forms a cap at the upper pole of the testis

A
C
B
B

Which nerve is responsible for the cremasteric reflex that leads to rapid elevation of the testis?

A

Ilioinguinal nerve

B

Genital branch of genitofemoral nerve

C

Pudendal nerve

D

Femoral nerve

What is the primary function of the epididymis?

A

Heat regulation

B

Sperm storage and maturation

C

Hormone secretion

D

Sperm production

Which artery supplies the testis and epididymis?

A

Testicular artery

B

Inferior vena cava

C

Femoral artery

D

Renal artery

3. What is the layer of the scrotum that is replaced by the Dartos muscle?

- A) Superficial fascia
- B) Deep membranous layer (Scarpa's fascia)
- C) Superficial fatty layer
- D) External spermatic fascia

6. What is the name of the deep membranous layer of the scrotum?

- A) Scarpa's fascia
- B) Colles' fascia
- C) Inguinal ligament
- D) Dartos fascia

B
B
A
C
B

The function of the Vas Deferens is to transmit the spermatozoa from the:

- A Testis to the epididymis
- B Urethra to the penis
- C Seminal vesicle to the prostate
- D Epididymis to the urethra
- E Epididymis to the ejaculatory duct

The Vas Deferens forms the ejaculatory duct by joining with the duct of the:

- A Seminal vesicle
- B Prostate gland
- C Bulbourethral gland
- D Testis

The artery of the Vas Deferens is derived from the:

- A Mesenteric artery
- B Renal artery
- C Testicular artery
- D Inferior vesical artery
- E Internal iliac artery

The Prostate gland is divided into lobes and the usual site for cancer in the prostate is the:

- A Posterior lobe
- B Anterior lobe
- C Utricle
- D Lateral lobes
- E Median lobe

The Bulbourethral Glands secrete a mucous secretion known as:

Pre-ejaculate

What is the primary blood supply to the prostate?

- A Renal arteries
- B Inferior mesenteric arteries
- C Inferior vesical and middle rectal arteries
- D Aorta
- E Internal iliac arteries

Which lymph nodes drain the lymph from the prostate?

- A Axillary lymph nodes
- B Popliteal lymph nodes
- C Mesenteric lymph nodes
- D Internal, external iliac lymph nodes
- E Inguinal lymph nodes

What are the erectile tissues that form the shaft of the penis?

- A Corpora cavernosa and corpus spongiosum
- B Bulbospongiosus and ischiocavernosus muscles
- C Deep dorsal vein of the penis
- D Buck's fascia
- E Internal pudendal artery

Which artery supplies the corpus spongiosum and glans penis?

- A Dorsal artery of the penis
- B Inferior vesical artery
- C Deep artery of the penis
- D Internal pudendal artery
- E Artery of the bulb

1. Mesangial cells are primarily located in which part of the glomerulus?

- A) Within the stalk of the capillary tuft and the vascular pole
- B) In the epithelial cells of Bowman's capsule
- C) In the endothelial cells of the glomerular capillaries
- D) In the podocytes surrounding the glomerular capillaries

What is the main function of mesangial cells?

A

Reabsorption of amino acids

B

Secretion of renin

C

Physical support of capillaries within the glomerulus

D

Participation in maintaining the basement membrane through phagocytosis

3. Which of the following components of the blood renal barrier prevents the passage of red blood cells?

- A) The pores in the capillary endothelium
- B) The filtration slits and their closing diaphragm
- C) The podocytes surrounding the glomerular capillaries
- D) The continuous basement membrane of the glomerular capillaries

4. What is the composition of the slit diaphragms in the filtration slits?

- A) Nephrins, other proteins, glycoproteins, and proteoglycans
- B) Nephrins, collagen, and fibronectin
- C) Laminin, collagen, and integrins
- D) Fibronectin, vitronectin, and proteoglycans

7. What is the primary function of the glomerular basement membrane in the filtration barrier?

- A) To allow large plasma protein molecules to enter the capsular space
- B) To prevent water and ions from entering the capsular space
- C) To restrict the passage of proteins larger than 70 kDa
- D) To degenerate smaller proteins that are filtered from plasma

8. In which region of the nephron are the cells smaller than in the PCT, with short microvilli and basolateral folds?

- A) Loop of Henle
- B) Collecting ducts
- C) PCT
- D) DCT

9. What is the main function of Principal cells in the collecting ducts?

- A) To secrete H⁺ ions to maintain acid-base balance
- B) To reabsorb Na⁺ and secrete K⁺, responding to aldosterone and ADH
- C) To restrict the passage of proteins larger than 70 kDa
- D) To degenerate smaller proteins that are filtered from plasma

10. What is the characteristic feature of the glomerular filter in diabetes mellitus and glomerulonephritis?

- A) It restricts the passage of water and ions
- B) It becomes more permeable to proteins, leading to proteinuria
- C) It degenerates smaller proteins that are filtered from plasma
- D) It becomes less permeable to proteins

11. Which type of cells in the collecting ducts are responsible for maintaining acid-base balance?

- A) Dark (intercalated) cells
- B) DCT cells
- C) PCT cells
- D) Principal cells

12. What is the name of the duct that forms at the apex of each renal pyramid, where several medullary collecting ducts merge?

- A) Proximal convoluted tubule
- B) Papillary duct (or duct of Bellini)
- C) Distal convoluted tubule
- D) Collecting duct

What is the function of urothelium?

A

Reabsorption of amino acids

B

Secretion of renin

C

Protection against hypertonic urine

D

Filtration of blood

D
B
B
A
B
C

Histo 2

1. What is the primary sex organ in the male reproductive system?

- A. Accessory Glands
- B. Accessory Ducts
- C. Copulatory Organ
- D. Paired testis

2. Which part of the male reproductive system is responsible for the synthesis of male sex hormones?

- A. Prostate
- B. Accessory glands
- C. Seminal fluid
- D. Bulbourethral glands

3. Where does sperm mature and gain motility in the male reproductive system?

- A. Epididymis
- B. Seminal vesicles
- C. Vas Deference
- D. Ejaculatory duct

4. What is the function of the seminalicles in the male reproductive system?

- A. Produce spermatozoa
- B. Synthesize male sex hormone
- C. Passage of sperm and seminal fluid
- D. Manufacture and secrete the seminal fluid

5. Which part of the male reproductive system thickens to form the mediastinum testis?

- A. Ductus
- B. Body epididymis
- C. Tail
- D. Tunica albuginea

7. Where are the interstitial cells of Leydig located in the male reproductive system?

- A. Tunica albuginea
- B. Mediastinum
- C. Rete testis
- D. Lobuli testis

11. What type of cells rest on the basal lamina and are closely associated with Sertoli cell surfaces?

- A. Primary spermatocytes**
- B. Sertoli cells**
- C. Spermatogonia**
- D. Secondary spermatocytes**

12. Which cells are derived from the first division of primary spermatocytes?

- A. Spermatids**
- B. Spermatogonia**
- C. Sertoli cells**
- D. Secondary spermatocytes**

13. What type of cells enter the first meiotic division to produce spermatids?

- A. Primary spermatocytes**
- B. Secondary spermatocytes**
- C. Sertoli cells**
- D. Spermatogonia**

14. Which cells are the largest in the seminiferous epithelium and have 46 chromosomes?

- A. Spermatogonia**
- B. Primary spermatocytes**
- C. Spermatids**
- D. Secondary spermatocytes**

16. Which cells are small, short-lived, and rarely seen in the seminiferous epithelium?

- A. Spermatids**
- B. Spermatogonia**
- C. Primary spermatocytes**
- D. Secondary spermatocytes**

18. Which cells produce peristalsis waves to help the movement of spermatozoa and testicular fluid in the seminiferous tubule?

- A. Myoid cells**
- B. Sertoli cells**
- C. Spermatogonia**
- D. Primary spermatocytes**

25. What is the origin of Sertoli cells?

- A. Ectodermal**
- B. Mesodermal**
- C. Endodermal**
- D. Exodermal**

26. What hormone do Sertoli cells have plasma membrane receptors for?

- A. Thyroid hormone**
- B. Insulin**
- C. Follicular stimulating hormone (FSH)**
- D. Estrogen**

27. Which part of the spermatozoon contains the condensed nucleus?

- A. Head**
- B. Middle piece**
- C. Neck**
- D. Tail**

28. What happens to the population of Sertoli cells after puberty?

- A. Increases**
- B. Decreases**
- C. Remains the same**
- D. Becomes inactive**

29. What is the main function of the midpiece of a spermatozoon?

- A. Energy production**
- B. DNA storage**
- C. Flagellar movement**
- D. Cell division**

34. Where are Leydig cells located?

- A. Attached to Sertoli cells**
- B. Within the lumen of the seminiferous tubule**
- C. In the interstitial tissue between seminiferous tubules**
- D. In the sperm cell cytoplasm**

35. Which cells are responsible for synthesizing the testosterone needed for male reproductive system development?

- A. Interstitial cells of placenta**
- B. Spermatogonia**
- C. Sertoli cells**
- D. Spermatids**

**B
C
A
B
A
B
A**

36. What is the primary function of Sertoli cells?

- A. Produce testosterone**
- B. Support and nourish developing sperm cells**
- C. Form the blood-testis barrier**
- D. Initiate meiosis in spermatocytes**

37. During which phase of pregnancy are the embryonic interstitial cells most active?

- A. First trimester**
- B. Third and fourth months**
- C. Second trimester**
- D. Fifth month**

39. What characterizes the cytoplasm of late spermatids?

- A. Contain large nuclei**
- B. Rich in small lipid droplets and lipochrome pigment**
- C. High in testosterone concentration**
- D. Low in acidophilic cytoplasm**

42. What is the composition of the seminal vesicle secretion?

- A. Lipids, glucose, calcium**
- B. Antibodies, urea, sodium**
- C. Protein, fructose, vitamin C**
- D. Water, potassium, iron**

45. Which type of muscle layers are present in the muscularis of the seminal vesicles?

- A. Inner circular, outer longitudinal**
- B. Circular only**
- C. Outer circular, inner longitudinal**
- D. Longitudinal only**

49. What is the histological classification of the epithelium in the seminal vesicles?

- A. Simple or pseudostratified columnar**
- B. Cuboidal**
- C. Stratified squamous**
- D. Transitional**



MICRO

urinary tract infection 1

Which bacterium is commonly found in the human nose, mouth, and gastrointestinal tract as normal flora?

Escherichia coli

Enterococcus faecalis

Klebsiella pneumoniae

Proteus mirabilis

What is the direct result of urease activity by Proteus mirabilis in the urinary tract?

Disruption of epithelial barrier

Decrease in local pH

Formation of urinary stones

Increase in bacterial growth

Which anatomical factor DECREASES the risk of developing UTIs in male?

Increased fluid intake

Shorter urethra

Longer urethra

wider

What is the most common mode of transmission for UTIs?

Bloodborne

Direct contact

Ingestion

Ascending route

urinary tract infection 2

Which symptoms are typically associated with cystitis?

- A Fever and rigors
- B Dysuria, urinary frequency, and urgency
- C Flank pain
- D High fever, nausea, vomiting
- E Lower-back pain

What is the common presentation of mild pyelonephritis?

- A High fever and rigors
- B Dysuria and urinary frequency
- C Hematuria
- D Suprapubic discomfort
- E Lower-back or costovertebral-angle pain

What is true regarding the diagnosis of UTI syndromes?

- A Vaginal discharge is a reliable indicator of UTI
- B A detailed physical exam is the key to diagnosis
- C Laboratory evaluation is always needed before therapy
- D UTIs are easily distinguishable from sexually transmitted diseases
- E The probability of UTI is close to 90% if risk factors are present

What is a potential complication of a single episode of acute pyelonephritis in an adult woman?

- A Vesico-ureteric reflux
- B Perinephric abscess
- C Emphysematous pyelonephritis
- D Renal scarring
- E Chronic pyelonephritis

Which pathogen is most commonly associated with acute prostatitis?

- A Pseudomonas aeruginosa
- B Escherichia coli
- C Klebsiella sp.
- D Enterococcus faecalis
- E Staphylococcus aureus

B

urinary tract infection 3

Which bacterial species is identified as the single most common organism isolated from bacteriuric women?

- A Escherichia coli
- B Pseudomonas aeruginosa
- C Streptococcus pneumoniae
- D Staphylococcus aureus
- E Klebsiella pneumoniae

In pregnant women, what is the recommended frequency for screening for bacteriuria by urine culture?

- A Screening is not recommended during pregnancy
- B Once monthly throughout pregnancy
- C Only if symptomatic
- D Once in the third trimester
- E At least once in early pregnancy

What is the major risk associated with untreated urinary tract infections in pregnant patients?

- A Placental abruption
- B Premature rupture of membranes
- C Hypertension
- D Pyelonephritis
- E Gestational diabetes

A
E
D

Which antibiotic is commonly used as a first-line empiric treatment for uncomplicated UTIs in pregnant patients?

- A Ceftriaxone
- B Amoxicillin
- C Nitrofurantoin
- D Vancomycin
- E Gentamicin

What characteristic is shared by Struvite kidney stones and urease-producing organisms?

- A Commonly associated with fungal infections
- B High urinary pH >8
- C Formation in the lungs
- D High resistance to antibiotics
- E Recurrent urinary tract infections

genital infection

What is the first finding used in the Amsel criteria for diagnosing bacterial vaginosis?

- A Thick yellow discharge
- B Positive fishy odor with KOH
- C Presence of clue cells
- D High vaginal pH
- E No discharge present

Which organism causes trichomoniasis as mentioned in the passage?

- A Chlamydia trachomatis
- B Trichomonas vaginalis
- C Neisseria gonorrhoeae
- D Treponema pallidum
- E Candida albicans

What is a common symptom of trichomoniasis in women according to the passage?

- A Frothy, yellow vaginal discharge
- B Itchy and smelly rash
- C Joint swelling
- D Lower back pain
- E Shortness of breath

What diagnostic method is recommended for confirming vulvovaginal candidiasis in patients with persistent discharge?

- A Urine analysis
- B Throat swab
- C Wet mount of the discharge with 10% KOH
- D Blood culture
- E Chest X-ray

genital infection 2

A
C

What is the most common cause of genital ulceration worldwide?

- Treponema pallidum
- Haemophilus ducreyi
- Genital herpes
- Chlamydia trachomatis

Which diagnostic method is useful for definitive diagnosis of genital herpes?

- Blood test
- Urine test
- Viral culture from vesicular fluid
- X-ray

What is the characteristic of primary infections of genital herpes?

- They may cause malaise, fever, or localized adenopathy
- They are never recurrent

C C
A

What is the classic sign of chancroid?

- A Erythematous papules
- B Adenopathy
- C Malaise
- D Fever
- E Necrotising genital ulceration

Which antiviral drug is commonly used for the treatment of genital herpes?

- A Ciprofloxacin
- B Amoxicillin
- C Penicillin
- D Metronidazole
- E Acyclovir

What is the hallmark of an HPV-infected cell on histopathology?

- A Koilocytes
- B Hyperplastic cells
- C Granulomatous inflammation
- D Lymphocytic infiltration
- E Hyperchromatic nuclei

Which HPV subtypes are associated with squamous cell carcinoma?

- A 11 and 16
- B 16 and 18
- C 18 and 22
- D 22 and 24
- E 6 and 11

What is the main preventive measure against genital warts?

- A Antifungals
- B Antihistamines
- C Gardasil vaccine
- D Antiretrovirals
- E Antibiotics

What is the hallmark of the diagnosis of pelvic inflammatory disease?

- A Elevated liver enzymes
- B Cardiomegaly
- C Enlarged lymph nodes
- D Pelvic tenderness
- E Pulmonary infiltrates

genital infection : syphilis

Which of the following statements is true regarding *Treponema pallidum*?

- A *T. pallidum* is a gram-positive bacterium
- B *T. pallidum* is extremely sensitive to oxygen
- C *T. pallidum* is resistant to antibiotics
- D *T. pallidum* can be easily cultured in vitro
- E *T. pallidum* causes gonorrhea

What is the most common route of spread for syphilis?

- A By transfusion with contaminated blood
- B By sharing food or utensils
- C Congenitally from an infected mother
- D Through contact with inanimate objects
- E By direct sexual contact

Which phase of syphilis is characterized by skin lesions (chancres) at the site where the spirochete penetrated?

- A Secondary phase
- B Quaternary phase
- C Tertiary phase
- D Primary phase
- E Latent phase

Which antibiotic is the drug of choice for treating syphilis?

- A Penicillin G
- B Ciprofloxacin
- C Azithromycin
- D Doxycycline
- E Amoxicillin

What is a common symptom of genital infection in men with Gonorrhoea?

- A Skin rash
- B Sore throat
- C Joint pain
- D Purulent urethral discharge and dysuria
- E Headache



PATHO

1- One is true about Minimal change disease:

- A. Maybe caused by nephron loss**
- B. Diffuse glomerular basement membrane thickening**
- C. Leads to recurrent hematuria**
- D. Selective albumin loss in urine**
- E. Azotemia is an important finding in blood tests**

Answer : D

2- One is true about membranoproliferative glomerulonephritis :

- A. Most common cause of azotemia in children**
- B. Only one type exists**
- C. Inflammation is not a contributing factor in pathogenesis**
- D. Mesangial IgA deposits are diagnostic**
- E. Double contour (tram track) GBM is characteristic**

Answer : E

3- One is true about primary membranous nephropathy:

- A. Azotemia**
- B. Recurrent episodes of hematuria**
- C. Hypertension**
- D. Urine RBC casts**
- E. Massive proteinuria**

Answer : E

4- All of the following are manifestations of nephritic syndrome, except:

- A. Massive proteinuria (> 3.5 g/day)**
- B. RBC casts**
- C. Hypertension**
- D. Azotemia**
- E. Oliguria**

Answer : A

5- A 4-year-old boy presents with severe proteinuria, hypoalbuminemia, generalized edema, and hyperlipidemia. The patient improves on an empiric trial of corticosteroids, with complete resolution of proteinuria. Which of the following is the most likely diagnosis?

- A. Diabetic nephropathy**
- B. Focal segmental glomerulosclerosis**
- C. Lupus nephropathy**
- D. Membranous glomerulonephritis**
- E. Minimal change disease**

Answer : E

6- One is true about IgA nephropathy :

- A. Most common nephrotic syndrome in childhood**
- B. An x-linked hereditary nephritis**
- C. Elevated serum anti-ASO titers**
- D. Recovery is the usual outcome**
- E. Linked to abnormality in secretory immunoglobulin clearance**

Answer : E

7- One of the following is correct about post infectious glomerulonephritis (PSGN):

- A. Mostly causes nephrotic syndrome**
- B. Negative tests by immunofluorescence**
- C. Elevated anti-streptolysin O titers**
- D. Caused by streptococcal pyelonephritis**
- E. More common in adults than children**

Answer : C

8- A 3-year-old girl presents with generalized edema shortly after recovery from an upper respiratory infection. Laboratory studies reveal marked albuminuria, as well as hypoalbuminemia and hyperlipidemia. Prior similar episodes responded to adrenal steroid medication. The most likely diagnosis is:

- A. focal segmental glomerulosclerosis.**
- B. membranous glomerulonephritis.**
- C. minimal change disease.**
- D. poststreptococcal glomerulonephritis.**
- E. rapidly progressive glomerulonephritis.**

Answer : C

9- ONE is true about focal and segmental glomerulosclerosis (FSGS):

- A. A disease of childhood**
- B. Only some glomeruli are affected**
- C. Rapidly progressive glomerulonephritis**
- D. Positive family history in most cases**
- E. Subepithelial humps**

Answer : B

10- In order to know the specific composition of immune deposits inside the glomerulus, we typically use the following test:

- A. Transmission electron microscopy**
- B. Disecting microscopy**
- C. Light microscopy (Silver stain)**
- D. Direct Immunofluorescence microscopy**
- E. Light microscopy (H&E stain)**

Answer : D

11- Which of the following factors INCREASE glomerular filtration rate?

- A. Mild constriction of efferent arteriole**
- B. Stone in the renal pelvis (obstruction due to stone)**
- C. Increase in Bowman's space hydrostatic pressure**
- D. Severe constriction of the efferent arteriole**
- E. Mild constriction of the afferent arteriole**

Answer : A

12- Which cell type comprises the visceral layer of Bowman capsule?

- A. Endothelial cells**
- B. Juxtaglomerular cells**
- C. Mesangial cells**
- D. Podocytes**
- E. Extraglomerular mesangial (or Lacis) cells**

Answer : D

13- Dense deposit disease is also known as :

- A. MPGN 1**
- B. RPGN 1**
- C. PSGN**
- D. RPGN 2**
- E. MPGN 2**

Answer : E

14- Dense deposit disease is characterized by glomerular deposits composed of one of the following:

- A. IgG.**
- B. IgA.**
- C. IgM .**
- D. C3.**
- E. C4.**

Answer : D

15- Post-infectious glomerulonephritis is most commonly linked to an immune response against the following microorganism :

- A. Schistosomiasis**
- B. Streptococcus Group A**
- C. Staphylococcus**
- D. H. influenza**
- E. Corona viruses**

Answer : B

16- A 5-year-old boy presents with hematuria. His mother states that he has had a sore throat for the past 2 days and that he has had hematuria a few times in the past, also concomitantly with a sore throat. She states that his urine usually returns to a normal clear yellow color after a few days. Which of the following is the most likely diagnosis?

- A. Alport syndrome**
- B. Goodpasture syndrome**
- C. IgA nephropathy**
- D. Membranoproliferative glomerulonephritis**
- E. Poststreptococcal glomerulonephritis**

Answer : C

17-Pathogenesis of analgesic nephropathy :-

- a. T-cell mediated**
- b. Inhibition of PG synthesis**
- c. Type I hypersensitivity reaction**
- d. Non-covalent binding to enzymes**

Answer : B

18-All of the following can lead to hydronephrosis, except ONE:

- a. Atresia of urethra .**
- b. PKHDI mutations.**
- c. Ptosis of renal pelvis.**
- d. Prostatic hyperplasia .**
- e. Spinal cord damage.**

Answer : B

19-All are correct regarding acute drug-induced tubulointerstitial nephritis, except one :

- a. Characterized by fever, skin rash and eosinophilia .**
- b. Develops within days to weeks following drug exposure.**
- c. Causes hematuria without significant proteinuria .**
- d. Increased risk of urothelial carcinoma of the renal pelvis .**
- e. Hypersensitivity reactions may be implicated.**

Answer : D

20- “Struvite” renal stones are composed of :

- a. Magnesium ammonium phosphate.**
- b. Calcium phosphate.**
- c. Cystine crystals .**
- d. Uric acid crystals.**
- e. Calcium oxalate.**

Answer : A

21-Which of the following may be seen in all Urinary tumors :-

- a. painless hematuria**
- b. stone formation**
- c. hematuria and pain during urination**
- d. Eosinophilia**

Answer : A

22-ONE statement is correct regarding tumors of the urinary tract :

- a. Schistosomiasis is a risk factor of Chromophobe renal carcinoma.**
- b. Painful hematuria is a frequent symptom of renal cancers.**
- c. Wilms tumor is linked to mutations in VHL gene.**
- d. Clear cell carcinoma is the most common renal tumor in adults.**
- e. Renal papillary carcinoma reveals mutations in VHL gene.**

Answer : D

23-ONE is true about testicular tumors:

- a. Germ cell tumors are generally considered benign tumors**
- b. Seminoma typically displays schiller- Duvall bodies**
- c. Sex cord- stromal tumors include embryonal carcinoma and teratoma**
- d. They are the most common tumors in men > 60 years old**
- e. Elevated serum AFP is considered a tumor marker for testicular yolk sac tumor**

Answer : E

24-ONE is true about prostate gland pathology

- a. Frequent symptoms of early prostate cancer include urinary urgency and hesitancy**
- b. Serum levels of prostate specific antigen (PSA) is used for prostate cancer screening**
- c. Benign prostatic hyperplasia usually arise in peripheral zones**
- d. Only epithelial elements are affected by benign prostatic hyperplasia**
- e. Cryptorchidism is an important risk factor for prostate cancer**

Answer :B

25-The most common primary testicular tumor in children younger than 3 years is:

- a. Embryonal carcinoma**
- b. Yolk sac tumor**
- c. Choriocarcinoma**
- d. Teratoma**

Answer : B

26-ONE is CORRECT regarding germ cell tumors of the testes :

- a. Embryonal carcinoma displays uniform small tumor cells**
- b. Choriocarcinoma typically displays schiller- Duvall bodies**
- c. Elevated serum HCG is considered a tumor marker for seminoma**
- d. They are most common after the age of 60**
- e. Post-pubertal germ cell tumors are considered potentially malignant**

Answer: E

27-ONE is correct regarding prostate hyperplasia:

- a. Cryptorchidism frequently leads to prostate hyperplasia**
- b. Serum level of prostate specific antigen (PSA) is markedly high**
- c. Involves prostate overgrowth of stroma but not glands**
- d. An Androgen-dependent condition of the prostate**
- e. Represents the precursor lesion for prostate cancer**

Answer :D

28- ONE is true about cystic diseases of the kidney:

- A. Hypertension complicates many cases of autosomal dominant polycystic disease.**
- B. Chronic hemodialysis is a risk factor to have simple renal cysts.**
- C. Polyuria and polydypsia are symptoms of adult polycystic renal disease.**
- D. PKD 2 mutation is linked to autosomal recessive polycystic kidney disease.**
- E. Nephronophthisis uremic complex is associated with numerous cortical cysts.**

Answer : A

29- Cystic diseases of the kidney that may develop carcinomas are caused by:

- A. Genetic mutation of polycystin genes**
- B. Inflammation**
- C. Chronic hemodialysis**

Answer : C

**30- Most common urinary tract tumor:
transitional cell carcinoma**

**31. Wrong about intratubular germ cell neoplasia:
seen in prepubertal men**

**32- Wrong combination :
adult type PKD – fibrocystin 1**

**33- Wrong about nephronophthisis-medullary cystic
disease complex:**

associated with hereditary hepatic fibrosis

**34- Most common kidney stone in children:
oxalate stone (mostly)**

**35- Wrong about acute drug-induced TIN:
dose related allergy**

36 -Which of the following statements are correct:

Answer: HCG elevated in choriocarcinoma

37- Analgesic nephropathy occurs due to:

Answer: inhibition of prostaglandin synthesis

38- A characteristic feature of nephritic syndrome:

Answer: Hematuria

**39- Autosomal Recessive (Childhood) Polycystic Kidney
Disease occurs mostly due to mutation in:**

Answer: PKHD1

40- Hydronephrosis can occur due to:

Answer: Neurogenic bladder

41- Correct pair:

**Answer: von Hippel-Lindau mutation – clear cell
carcinoma**

42- True about urolithiasis:

**Answer: some renal stones can be completely
asymptomatic**

