



021

SUB-SURGERY MINI-OSCE



الَّذِي أَحْسَنَ كُلَّ شَيْءٍ خَلَقَهُ وَبَدَأَ خَلْقَ الْإِنْسَانِ مِنْ طِينٍ
• ثُمَّ جَعَلَ نَسْلَهُ مِنْ سُلَالَةٍ مِنْ مَاءٍ مَهِينٍ • ثُمَّ سَوَّاهُ
وَنَفَخَ فِيهِ مِنْ رُوحِهِ وَجَعَلَ لَكُمُ السَّمْعَ وَالْأَبْصَارَ وَالْأَفْئِدَةَ
قَلِيلًا مَّا تَشْكُرُونَ

1ST ROTATION

ENT

Q1:

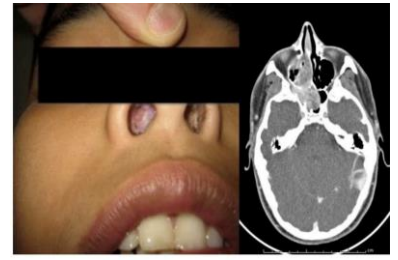
A. Best imaging modality?

CT angiogram

B. Treatment options?

Preoperative embolization + surgical excision

Radiotherapy if unresectable or recurrent



Q2: 4-year-old child presented with a one-month history of ear rubbing. Otoscopy showed a normal right ear normal tympanic membrane appearance and left tympanic membrane retracted

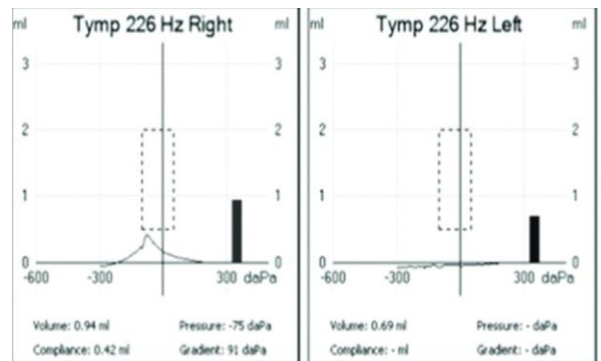
A. Name of the test?

Tympanogram

B. What are your findings?

Right ear: Eustachian tube dysfunction / Type C

Left ear: Otitis media with effusion / Type B



C. Treatment?

Grommet, Adenoidectomy, antihistamine, nasal steroid spray.

Q3:

A. Differential diagnosis?

Tonsilloliths (tonsil stones)

B. Two treatment options?

1. Conservative / Minor treatment

Gargling, mouthwash, saltwater rinses.

Mechanical removal with curette/cotton swab.

2. Definitive treatment

Tonsillectomy (if recurrent, symptomatic tonsilloliths or chronic tonsillitis).



Q4:

A. Differential diagnosis?

Tonsillar hypertrophy grade 4

B. Treatment?

Tonsillectomy



Q5:

A. Differential diagnosis?

Acute otitis media

B. Treatment?

Analgesic and antipyretics

Oral antibiotics (amoxicillin)



Q6:

A. Diagnosis?

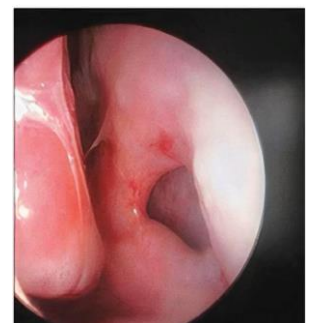
Septal perforation

B. Cause?

Facial trauma

C. Treatment?

Septal perforation repair



Q7:

A. Diagnosis?

Septal Hematoma

B. Cause?

Trauma to nose (often after nasal fracture).

C. Complications?

Septal perforation, infection with abscess formation.



Q8:

A. Diagnosis?

Auricular hematoma

B. One complication?

“Cauliflower ear” (fibrosis and cartilage deformity).

C. Most common cause?

Trauma



Q9:

A. Diagnosis?

Otomycosis (Aspergillus).

B. Treatment?

Careful aural toilet

Topical antifungal (clotrimazole, miconazole) >3 weeks

Alcohol irrigation



Q10:

A. Give 3 surgeries

1. Supraglottoplasty
2. Tracheostomy
3. Epiglottopexy



B. What medication can u give after discharging the patient?

PPI

NEUROSURGERY

Q1: Cervical Disc

A. Myelopathy signs?

- Motor:

Spastic weakness in lower limbs (UMN signs).

LMN weakness in upper limb at affected level.

- Reflexes:

Hyperreflexia in legs.

Babinski sign positive.

- Gait: Spastic/ataxic gait.

- Hand signs: “Myelopathy hand” → loss of fine motor skills, wasting of intrinsic hand muscles.

- Sensory: Numbness/paresthesia in dermatomal distribution.

- Sphincters: Urinary urgency/retention (late sign).

B. Treatment?

- Conservative (mild, no progression):

Analgesics, physiotherapy, cervical collar.

- Definitive (progressive deficit/severe myelopathy):

Anterior Cervical Discectomy and Fusion (ACDF).

Cervical disc replacement (arthroplasty).

Posterior laminectomy / laminoplasty (if multilevel stenosis).

C. Complications of treatment?

- General: Infection, bleeding.

- Neurological:

Spinal cord/nerve injury → worsening deficit.

Anterior approach specific:

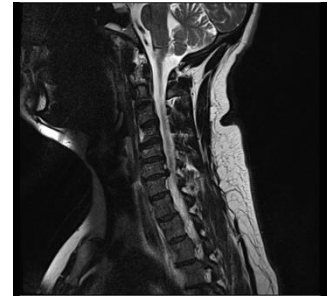
Recurrent laryngeal nerve palsy → hoarseness.

Dysphagia, esophageal or tracheal injury.

Hardware failure / pseudoarthrosis.

Posterior approach specific:

Post-laminectomy kyphosis, chronic neck pain.



Q2: Intramedullary / Extradural Tumor, 3 Ddx?

ANS:

1. Ependymoma
2. Astrocytoma
3. Hemangioblastoma



Q3:

A. Diagnosis?

Acute epidural Hematoma with midline shift and ventricular compression.

B. Treatment?

- Emergency neurosurgical intervention:

Craniotomy with evacuation of hematoma (definitive treatment).

Burr hole as a rapid decompression if immediate craniotomy not available.

- Supportive care (ATLS principles):

Secure airway, oxygen, IV fluids.

Control raised ICP (mannitol, hyperventilation as temporizing measures).

Seizure prophylaxis (antiepileptics).

Continuous neuro monitoring.



Q4: 30-year-old man is brought to the ER after an RTA. Lacerated wound, GCS 5/15 with BP 80/50 mmHg.

A. Type of head trauma?

Severe

B. Management plan?

- Immediate steps (ATLS):

Airway: secure airway (intubation if GCS ≤ 8).

Breathing & circulation: oxygenation, IV fluids, control bleeding.

- Neuro management:

Urgent CT brain & neurosurgical consultation for possible evacuation/repair.

- Supportive:

IV mannitol or hypertonic saline if raised ICP.

Prophylactic antibiotics (open wound).

Tetanus prophylaxis.



Q5: A 55-year-old male presents to the emergency department after being found on the floor at home by family members. He is confused, opens his eyes to pain, and makes inappropriate verbal responses. He localizes to pain in both upper limbs. He has a known history of chronic lower back pain and recently worsening lower limb weakness.

A. Diagnosis?

Lumbar disc prolapse (herniated nucleus pulposus at L4–L5).

B. Signs (L5 root)?

Foot drop (loss of dorsiflexion)

Not absent knee reflex.



Q6: Myelomeningocele.

A. Three CNS associations?

Hydrocephalus (often due to Arnold–Chiari II malformation).

Chiari malformation.

Syringomyelia.

B. How to counsel the family?

Early closure of MM defect is not associated with improvement of neurologic function, BUT evidence supports lower infection rate with early closure.



Q7: A 52-year-old woman, previously healthy, suddenly develops the worst headache of her life while watching TV. The pain is severe, reaching maximum intensity within seconds

A. Diagnosis?

Subarachnoid Hemorrhage

B. Most common cause?

Ruptured berry aneurysm

C. Treatment if aneurysm wide neck?

Surgical clipping (open craniotomy and clipping of aneurysm neck).

Endovascular stent-assisted coiling or flow diverters can also be considered if anatomy is suitable.

Supportive: Nimodipine (prevent vasospasm), control ICP, manage hyponatremia (due to SIADH).



Q8: A 45-year-old woman presents with a gradually progressive hearing loss in her left ear over the past year, accompanied by tinnitus. On examination, there is left-sided sensorineural hearing loss and impaired corneal reflex on the left.

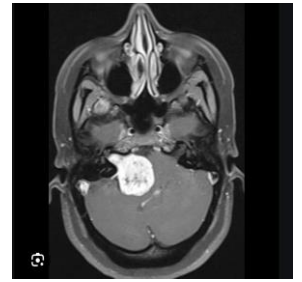
A. Give 2 DDx?

Vestibular Schwannoma, Meningioma

B. Three associated symptoms?

1. Unilateral progressive sensorineural hearing loss.
2. Tinnitus.
3. Vertigo / imbalance.

Later: facial numbness (CN V compression), facial weakness (CN VII).



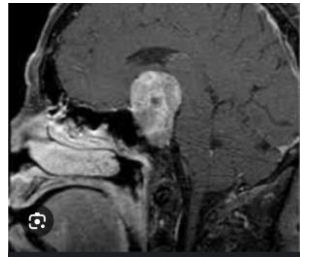
Q9: A 56-year-old man presents to the emergency department with a sudden, severe headache described associated with vomiting and visual disturbances. On examination, he is hypotensive and confused, with bitemporal hemianopia .

A. Diagnosis?

Pituitary apoplexy

B. What is the most important initial management?

Iv fluids and iv cortisol to prevent shock



Q10: Name the surgery:

A. Acute hematoma?

Craniotomy with evacuation of hematoma

B. Hydrocephalus?

Ventriculoperitoneal (VP) shunt (most common).

Endoscopic third ventriculostomy (ETV) (in obstructive hydrocephalus, e.g., aqueductal stenosis).

C. Lumbar canal stenosis?

Decompressive laminectomy

D. Subarachnoid Hemorrhage (SAH)?

Clipping and Coiling

OPHTHALMOLOGY

Q1:

A. Diagnosis?

Vitreous Hemorrhage

B. Treatment options?

- Conservative:

Bed rest with head elevation (blood settles inferiorly).

Stop anticoagulants if possible.

Treat underlying cause (diabetes, hypertension).

- Intervention:

Pan-retinal laser photocoagulation (PRP): if due to proliferative DR.

Intravitreal anti-VEGF injections.

Pars plana vitrectomy: for non-resolving hemorrhage (>3 months), dense hemorrhage, or associated retinal detachment.



Q2: 2 DDx other than cataract?

- Retinoblastoma (most important in children).
- Persistent hyperplastic primary vitreous (PHPV).
- Coats' disease (retinal telangiectasia with exudation).
- Retinopathy of prematurity (ROP).
- Toxocariasis (ocular larva granuloma).
- Corneal opacity (scar, congenital anomaly).



Q3: Esotropia in a 3-year-old. 2 causes (excluding congenital)?

ANS:

1. Refractive error

(especially uncorrected hypermetropia → accommodative esotropia).

2. Neurological / acquired causes:

Sixth nerve palsy.

CNS lesions (e.g., tumor, hydrocephalus).



Q4:

A. Describe what you see?

Paralytic squint- right 6th nerve palsy

B. Wright to possible causes?

Diabetes, high ICP, Neoplasm -meningioma



Q5: Hyphemia.

A. What type of glaucoma happens early?

Acute Angle Closure or Traumatic Glaucoma (secondary open-angle glaucoma)

B. Other possible types happen late?

Angle-Recession Glaucoma

C. Why irrigation indicated?

To remove blood, prevent rebleeding, avoid corneal blood staining, and lower risk of secondary glaucoma.



Q6: Sudden visual loss + retinal break.

A. Diagnosis?

Rhegmatogenous Retinal Detachment

B. Presentation?

Sudden painless visual loss.

Flashes of light (photopsia).

Floater ("black spots" or "cobwebs").

Curtain or shadow descending across visual field.

C. Two lines of treatment?

Laser Photocoagulation / Cryotherapy

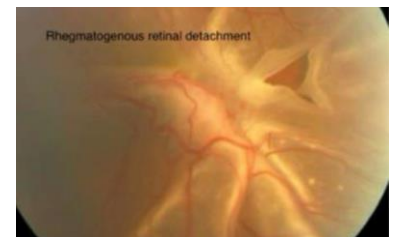
Seals small retinal tears before detachment progresses.

- Surgical repair options (for established detachment):

Scleral Buckling – indents sclera to close retinal break.

Pars Plana Vitrectomy – remove vitreous traction, inject gas/oil tamponade.

Pneumatic Retinopexy – gas bubble injection with positioning.



Q7: Eye sutures.

A. Procedure?

Penetrating Keratoplasty (PKP)

B. Most common cause of failure?

Rejection

C. Which eye drop should the patient continue to use after this surgery?

Topical steroids.



Q8:

A. What the findings in picture?

Ptosis + ectropion

B. What is the disease that causes these findings?

Facial n. palsy.



Q9:

A. Diagnosis?

Branch retinal vein occlusion

B. Causes?

Atherosclerosis / cardiovascular disease

Hyperlipidemia

Hypercoagulability



Q10:

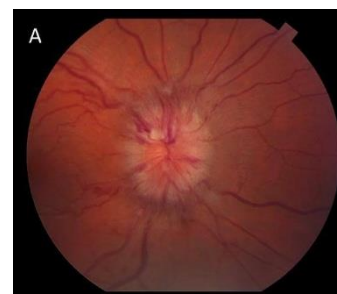
A. Describe, what do you see?

Optic disc swelling

(not papilledema) to say it's papilledema we need to see both eyes

B. Give 3 DDX?

- Papilledema
- Optic n. glioma, meningioma
- Central retinal vein occlusion (CRVO).

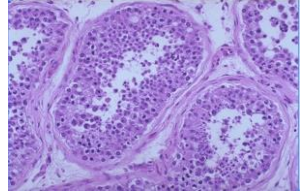


UROLOGY

Q1: Three cell lines in testicles.

ANS:

Sertoli Cells --- Leydig Cells --- Germ Cells



Q2: Infertility case.

A. First thing done when he comes to clinic (Investigation)?

Testosterone and LH and FSH

B. Physical exam findings?

Testes: Bilateral, descended, normal size (15–25 mL), oval, firm, smooth, non-tender.

Epididymis & vas deferens: Palpable, smooth, non-tender, continuous.

Q3: Define:

A. Xanthogranulomatous pyelonephritis?

A form of chronic bacterial infection of the kidney. The affected kidney is almost always hydronephrotic and obstructed, Characteristically, foamy lipid-laden histiocytes (xanthoma cells)

B. Emphysematous pyelonephritis?

Necrotizing infection characterized by the presence of gas within the renal parenchyma or perinephric tissue. About 80– 90% of patients have diabetes.

C. Pyonephrosis?

Pus and destruction of the renal parenchyma

Q4: 3 Absolute contraindications to renal transplant (recipient)?

ANS:

1. Active infection
2. Active malignancy (except some superficial skin cancers)
3. Severe, untreatable comorbidity → not fit for surgery (e.g., end-stage cardiac/pulmonary/hepatic disease).

Q5: Write three urological malignancies that may present with hematuria.

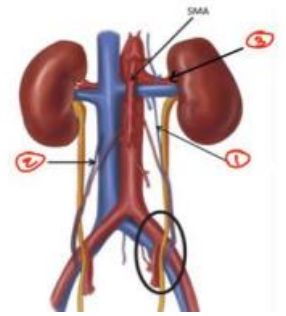
ANS:

RCC --- Bladder cancer --- Prostate cancer

Q6: Abdominal vessels.

ANS:

1. Left renal artery
2. left gonadal artery
3. Right testicular vein



Q7: Definitions:

A. Erectile dysfunction?

Persistent inability to attain and/or maintain an erection sufficient for satisfactory sexual performance

B. Penile fracture?

Traumatic rupture of the tunica albuginea of the corpora cavernosa, usually occurring during vigorous sexual intercourse or manipulation, typically accompanied by a cracking sound, immediate detumescence, swelling, and pain

C. Priapism

Prolonged penile erection lasting >4 hours, unrelated to or persisting beyond sexual stimulation, due to dysregulation of penile blood inflow/outflow.

Q8: Abdominal axial MRI with contrast showing enhancement of a 3 cm renal mass.

A. Diagnosis?

Renal cell carcinoma

B. Treatment?

Partial nephrectomy



Q9: Three surgical treatment methods of Bladder stone:

ANS:

- Cystoscopy with laser/pneumatic lithotripsy
- Percutaneous cystolitholapaxy
- Open cystolithotomy.

Q10: Write three complications of VUR:

ANS:

UTI --- Reflux nephropathy with hypertension --- Progressive renal failure.

2ND ROTATION

ENT

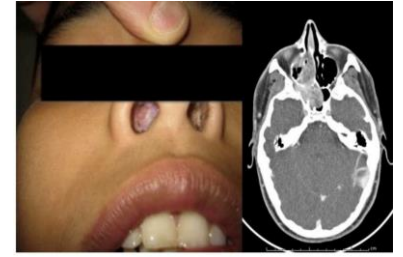
Q1: A 15-year-old male patient presents with recurrent episodes of epistaxis.

A. Best imaging modality?

CT angiogram

B. What is the most likely diagnosis?

Juvenile nasal angiofibroma



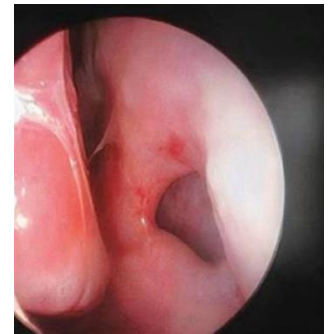
Q2: A patient presents to the ENT clinic. On rhinoscopic examination, the findings are shown in this image.

A. What is the most likely diagnosis?

Septal perforation

B. How should this condition be managed?

- Regular nasal irrigation and lubrication
- Septal perforation repair



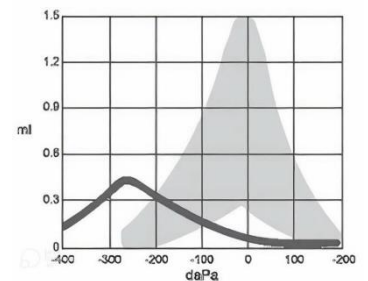
Q3: A tympanogram of a child is shown.

A. What is the diagnosis?

Eustachian tube dysfunction

B. What is the most common cause?

Adenoid hypertrophy.



Q4:

A. What is the diagnosis?

Tonsilloliths (tonsil stones)

B. What are the two lines of treatment?

1. Conservative / Minor treatment:

- Gargling with mouthwash or saltwater
- Mechanical removal using a curette or cotton swab

2. Definitive treatment:

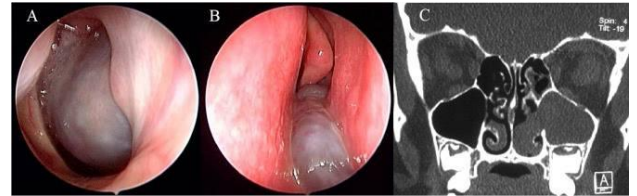
- Tonsillectomy



Q5:

A. What is the diagnosis?

Antrochoanal polyp



B. How should this condition be managed?

- Medical management: nasal irrigation, intranasal steroids, antihistamines, and avoidance of allergens
 - Definitive management: surgical removal via Functional Endoscopic Sinus Surgery (FESS)
-

Q6: An 11-year-old child presents with a neck mass, night sweats, and a liver mass.

A. What is the most likely diagnosis?

Lymphoma



B. What are the best investigations to confirm it?

- Ultrasound
 - Fine-needle aspiration (FNA)
-

Q7:

A. What is the name of this procedure?

Dix-Hallpike maneuver

B. Which organ does it test?

Posterior semicircular canals



Q8:

A. Diagnosis?

Tympanic membrane perforation (anterior-inferior)

B. What are the two most common causes?

1. Acute otitis media
2. Trauma



Q9: A patient presents with this finding on otoscopic examination.

A. What is the pathogen that causes this condition?

Aspergillus Niger

B. Treatment and for how long (Duration of treatment)?

Careful aural toilet

Topical antifungal (clotrimazole, miconazole) >3 weeks

Alcohol irrigation



Q10: An infant presents with inspiratory stridor. Fiber-optic laryngoscopy during inspiration is shown.

A. What is the diagnosis?

Laryngomalacia

B. What is the prognosis?

Good prognosis — symptoms usually resolve spontaneously by 1–2 years of age



NEUROSURGERY

Q1:

A. What type of spinal fixation is shown?

Pedicle screws

B. What are the indications for this fixation (Mention 2)?

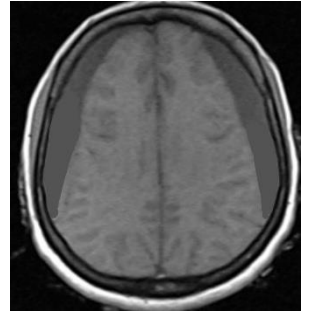
Scoliosis, Spondylolisthesis



Q2: A 70-year-old male presents with a headache for 2 months. He is taking aspirin.

A. What type of imaging is shown, and what is the finding?

Axial Brain CT showing bilateral frontoparietal hypointense collections causing compression of the lateral ventricles and effacement of adjacent sulci and gyri, suggestive of chronic subdural hematomas.



B. What are the risk factors for this condition?

- Aging
- Trauma
- Antiplatelet therapy (e.g., aspirin) or anticoagulation
- Hypertension
- Diabetes mellitus

C. What is the management for this condition?

Burr hole drainage

Q3: A patient, following a road traffic accident, opens his eyes spontaneously, is not oriented to place, and obeys commands.

A. Type of head trauma?

Mild head injury

B. What is the sign called?

Raccoon eyes (periorbital ecchymosis)

C. What are the nerves that could be involved (you should examine)?

CN 7/9



Q4: Describe the findings and give the most likely diagnosis:

A. Findings:

Digital cervicothoracic T2-weighted MRI shows a hypointense, elongated, irregular, heterogeneous intramedullary (intra-axial) lesion extending from C3-C7. (Fluid filled, homogeneous)

B. Most likely diagnosis:

Syringomyelia



Q5:

A. What is the most likely diagnosis?

Acute spontaneous subarachnoid hemorrhage (SAH)

B. What is the gold-standard investigation for this condition?

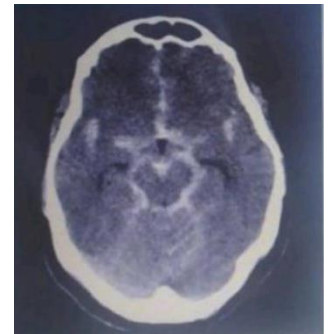
Digital Subtraction Angiography (DSA)

C. What is the management for this condition?

Stabilization: ABCs, blood pressure control, pain management

Definitive treatment: Surgical clipping of aneurysm or Endovascular coiling

Supportive care: Monitoring for vasospasm, intracranial pressure, and hydrocephalus



Q6: A patient presents with worsening headache and papilledema.

A. Describe the finding in the image.

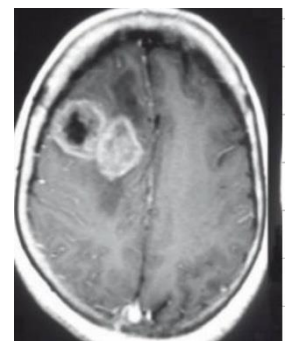
Axial brain CT with contrast shows a right frontoparietal heterogeneous, irregular lesion with ring enhancement, central necrosis, and surrounding hypodense edema.

B. What is the most likely diagnosis?

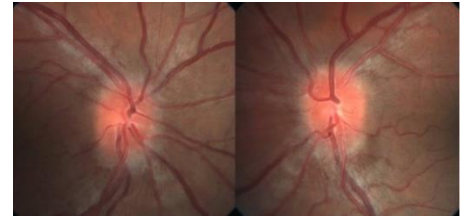
Glioblastoma multiforme (high-grade glioma)

C. How should the patient be treated?

- Steroids (e.g., dexamethasone) to reduce vasogenic edema and intracranial pressure
- Craniotomy with maximal safe resection of the tumor
- Adjuvant radiotherapy and chemotherapy (e.g., temozolomide)



Q7: A patient presents to the clinic with persistent headaches and blurred vision for the past few weeks. On examination, papilledema is noted. A brain CT scan is normal.



A. Diagnosis?

Idiopathic Intracranial Hypertension (IIH)

B. Treatment?

Medical / Conservative: Weight reduction and maintenance of weight loss, Stop contributing medications (e.g., oral contraceptives), Acetazolamide to reduce CSF production

Surgical / Interventional: Optic nerve sheath fenestration, CSF shunting (ventriculoperitoneal shunt), Venous sinus stenting.

Q8: A 61-year-old male patient, hypertensive and heavy smoker, presents with claudication after walking 100 meters.

A. Describe the images.

Sagittal T2-weighted MRI of the lumbosacral spine shows disc protrusion at L4–L5.



B. What diagnosis does this patient's history indicate?

Neurogenic (spinal) claudication

C. Treatment:

Conservative: NSAIDs, physiotherapy, activity modification, and epidural steroid injections.

Surgical: Decompression laminectomy ± discectomy if symptoms are severe or refractory to conservative treatment.

Q9:

A. What's the fluid leaking from the lesion?

CSF

B. What is the benefit of surgery?

To prevent infection, protect neural tissue, prevent further neurological deterioration, and improve cosmetic outcome

C. Name one drug given before surgery and why.

Cefazolin or Vancomycin, to prevent infection as the sac is ruptured



Q10: A child has undergone surgery for hydrocephalus, and the parents bring him to the clinic for regular follow-up.

A. Mention 3 questions you should ask the parents during the visit.

- Signs of shunt malfunction or increased intracranial pressure, such as crying due to headache, vomiting, irritability, fatigue, or excessive sleepiness.
- Signs of infection, including fever, redness, swelling, or discharge along the shunt tract.
- Developmental progress, including milestones, growth, and any new weakness or vision problems.

B. What is the most common cause of hydrocephalus in children?

Congenital aqueductal stenosis.



OPHTHALMOLOGY

Q1:

A. 3 Findings/Signs?

Bilateral proptosis, lid retraction, periorbital edema

B. M.C Diagnosis?

Graves disease

C. 3Mx?

Lubricant, systemic steroid, surgical orbital decompression



Q2:

A. Describe?

Retinal tear with detachment

B. Main symptoms?

Painless sudden vision loss

C. Mx?

Surgical repair (vitrectomy, pneumatic retinopexy)



Q3: Cyclopentolate eye drop, 2 side effects other than irritation and blurry vision?

ANS:

1. Photophobia, Dry eyes, conjunctival hyperemia
2. Acute angle closure glaucoma



Q4:

A. Describe what you see?

Hyphemia

B. one possible cause?

Trauma

C. Reasons to treat these conditions/ complications?

Preventing secondary hemorrhage and intraocular hypertension, Glaucoma and corneal blood staining



Q5: CI to LASIK surgery other than keratoconus in a male patient (to exclude pregnancy and lactation)?

ANS:

1. Active corneal disease like infection
 2. Severe dryness
-

Q6:

A. Diagnosis?

Ectropion

B. Three symptoms other than eye dryness?

Excessive tearing, ocular irritation, redness

C. Two lines of treatment?

1. Surgery
 2. Artificial tear drops, lubricants eyedrops, treatment of the underlying cause.
-



Q7: NPDR, retinal photo + OCT photo

A. 3 signs?

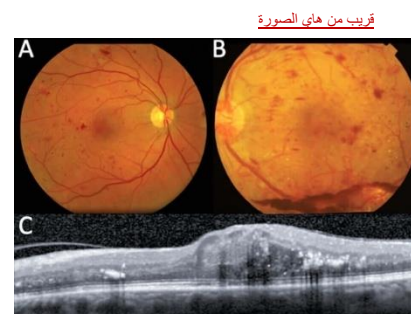
Hard exudates, Micro-aneurysm, Flame shaped hemorrhage

B. Mx?

Strict blood glucose control, close follow up with ophthalmologist

C. What this test & what does it show?

OCT, Macular edema



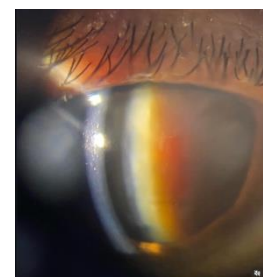
Q8:

A. What the findings in picture?

Brown nuclear cataract

B. Name 2 surgeries done for this condition?

phacoemulsification, ECCE



Q9:

A. Diagnosis?

Dendritic ulcer

B. M/C organism?

HSV-1

C. Name 3 symptoms?

Pain, watery discharge, photophobia, eyelid swelling, tearing



Q10: 35 yr old female presented with sudden painful visual loss, RAPD, visual acuity 6/60,

A. Describe optic disc?

Pale optic disc, swollen and hyperemic disc

B. The reason for vision loss in his case is mainly due to?

Optic neuritis

C. Mx?

Give high dose steroids



UROLOGY

Q1:

A. What is the condition defined as a persistent inability to attain and/or maintain an erection sufficient for satisfactory sexual performance?

Erectile dysfunction

B. What is the condition defined as a traumatic rupture of the tunica albuginea of the corpora cavernosa, usually occurring during vigorous sexual intercourse or manipulation, typically accompanied by a cracking sound, immediate detumescence, swelling, and pain?

Penile fracture

C. What is the condition defined as a prolonged penile erection lasting more than 4 hours, unrelated to or persisting beyond sexual stimulation?

Priapism

Q2:

A. What is the type of incontinence defined as involuntary leakage of urine coincident with a sensation of urinary urgency?

Urge incontinence

B. What is the type of incontinence defined as involuntary leakage of urine during coughing, crying?

Stress incontinence

C. What is the type of incontinence defined as involuntary leakage of urine in patients with benign prostatic hyperplasia (BPH)?

Overflow incontinence

Q3:

A. What is the medical term for a strong, sudden desire to urinate?

Urgency

B. What is the medical term for difficulty in the initiation of urination?

Hesitancy

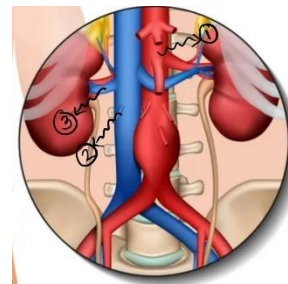
C. What is the medical term for passing urine multiple times during the night?

Nocturia

Q4: What are the labeled structures in this image of the abdominal vessels?

ANS:

1. Abdominal aorta
2. Rt. gonadal vein
3. Rt. renal vein



Q5:

A. What is the structure labeled as (1) in this image?

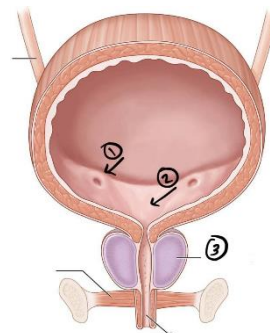
Ureteric orifice

B. What is the structure labeled as (2) in this image?

Trigone

C. What is the main arterial supply of this organ (3)?

Inferior vesical artery



Q6: A man presents with 1-year infertility. Semen analysis shows:

- Volume: 2 mL
- Sperm count: 0
- Appearance: Cloudy
- Motility: —. Shape: __

A. What type of infertility does this patient have (primary or secondary)?

Primary infertility

B. What is the term for absence of sperm in semen?

Azoospermia.

C. What methods can be used for sperm retrieval?

TESA, TESE, MESE, PESA

Q7: A 30-year-old man presents with a painless testicular mass. Solid in exam, U/S appearance:

A. What is the most likely diagnosis?

Testicular cancer

B. What blood test should be done before surgery?

Serum tumor markers: AFP (alpha-fetoprotein), β -hCG (beta-human chorionic gonadotropin), and LDH

C. Name the Gold standard surgery?

Radical inguinal orchiectomy



Q8: Upon cystoscopy, you observe a suspicious bladder lesion.

A. What is the next step in management?

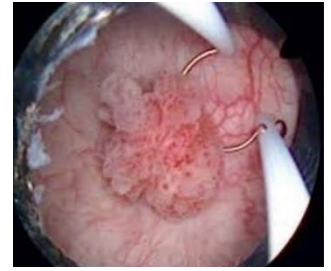
Transurethral resection of the bladder tumor (TURBT) with biopsy for staging

B. Name the most common histological subtypes of bladder cancer.

Transitional (urothelial) cell carcinoma

C. What type of catheter is used postoperatively?

Three-way urinary catheter



Q9:

A. What is the diagnosis in a 7-yr old patient with inability to retract the foreskin over the glans?

Phimosis

B. What is the definitive treatment for this condition?

Circumcision

C. What is the medical term for ventral placement of the urethral meatus?

Hypospadias



Q10: A 70-year-old patient presents with inability to urinate for the past 2 days and very severe suprapubic pain

A. What is the name of this condition?

Acute urinary retention

B. What is the most common cause in elderly males?

Benign prostatic hyperplasia (BPH)

C. What is the first step in management in the emergency room?

Placement of a Foley catheter

