

**FEDERAL STATE BUDGET EDUCATIONAL  
HIGHER EDUCATION INSTITUTION  
"ROSTOV STATE MEDICAL UNIVERSITY"  
MINISTRY OF HEALTH OF THE RUSSIAN FEDERATION**

**FACULTY OF TREATMENT AND PREVENTION**

Appraisal Fund  
in the discipline "Urology"

Specialty 05/31/01 General Medicine

## 1. List of competencies formed by the discipline

### *professional (PC)*

Code and name of professional competencies	Indicator(s) of professional achievement competencies
PK-6	the ability to determine the patient's main pathological conditions, symptoms, disease syndromes, nosological forms in accordance with the International Statistical Classification of Diseases and Related Health Problems, X revision
PK-8	ability to determine tactics for managing patients with various nosological forms

## 2. Types of assessment materials in accordance with the competencies being developed

Name competencies	Types of assessment materials	number of tasks for 1 competency
PC-6	Closed type tasks: Test tasks multiple choice with one correct answer	25 with sample answers
	Open type tasks: Addition tasks Situational tasks Interview Questions	75 with 10 sample answers 25 40
PK-8	Closed type tasks: Test tasks multiple choice with one correct answer	25 with sample answers
	Tasks open type: Tasks for additions Situational tasks Interview Questions	75 with 10 sample answers 40 25

### PC-6:

#### ***Closed type tasks:***

*Exercise 1.*Instructions: Choose one correct answer.

1) Gross hematuria in urolithiasis, which can occur after relief of renal colic, is always:

- a) terminal
- b) total
- c) initial
- d) urethrorrhagia
- e) gross hematuria does not occur in urolithiasis

*Sample answer:*b) total

*Task 2.*Instructions: Choose one correct answer.

- 2) An increase in body temperature to 38 °C with stunning chills in a patient with a stone in the lower third of the right ureter is a manifestation of:
- a) acute prostatitis
  - b) acute pyelonephritis
  - c) rupture of the ureter
  - d) peritonitis
  - e) all of the above is incorrect

*Sample answer:*b) acute pyelonephritis

*Task 3.*Instructions: Choose one correct answer.

- 3) A characteristic palpation sign of prostate adenoma is:
- a) unclear boundaries
  - b) uneven consistency
  - c) lumpy surface
  - d) significant increase, dense elastic consistency
  - e) areas of cartilaginous density

*Sample answer:*d) significant increase, dense elastic consistency

*Task 4.*Instructions: Choose one correct answer.

- 4) The formation of stones during urolithiasis primarily occurs:
- a) in the collecting system
  - b) in the upper third of the ureter
  - c) in the middle third of the ureter
  - d) in the lower third of the ureter
  - e) none of the above

*Sample answer:*a) in the collecting system

*Task 5.*Instructions: Choose one correct answer.

- 5) The main reason for the formation of bladder stones is:
- a) overweight
  - b) physical inactivity
  - c) disturbance of the outflow of urine from the bladder
  - d) chronic pyelonephritis
  - e) bladder tumor

*Sample answer:*c) disturbance of the outflow of urine from the bladder

*Task 6.*Instructions: Choose one correct answer.

- 6) Renal colic, as the most common clinical manifestation of urolithiasis, occurs as a result of:
- a) irritation of the urinary tract mucosa with a stone
  - b) development of an inflammatory process in the kidney
  - c) development of an inflammatory process in the ureter
  - d) acute obstruction of the upper urinary tract due to stone
  - e) all of the above are true

*Sample answer:*d) acute obstruction of the upper urinary tract due to stone

*Task 7.*Instructions: Choose one correct answer.

- 7) X-ray negative kidney stone during ultrasound examination:
- a) cannot be detected
  - b) defined as a hyperechoic area without an acoustic "track"

- c) defined as a hyperechoic area with an acoustic "track"
- d) defined as a hyperechoic area
- e) defined as a filling defect

*Sample answer:*c) defined as a hyperechoic area with an acoustic "track"

*Task 8.*Instructions: Choose one correct answer.

8) With a kidney tumor, the most characteristic is hematuria:

- a) initial
- b) terminal
- c) total
- d) erythrocyturia
- e) strangury

*Sample answer:*c) total

*Task 9.*Instructions: Choose one correct answer.

9) The differential diagnostic sign of kidney dystopia is:

- a) characteristic structure of kidney tissue
- b) level of origin of the renal vessels
- c) kidney rotation
- d) dysfunction
- e) structure of the collecting system

*Sample answer:*b) level of origin of the renal vessels

*Task 10.*Instructions: Choose one correct answer.

10) A typical complication of polycystic kidney disease is:

- a) urolithiasis
- b) nephrogenic hypertension
- c) suppuration of cysts
- d) kidney injury
- e) hematuria

*Sample answer:*c) suppuration of cysts

*Task 11.*Instructions: Choose one correct answer.

11) Cystoscopy confirms complete doubling of the kidneys:

- a) ureterocele
- b) bladder diverticulum
- c) deformation of the vesical triangle
- d) three ureteral orifices
- e) four ureteral orifices

*Sample answer:*e) four ureteral orifices

*Task 12.*Instructions: Choose one correct answer.

12) X-ray negative stones include:

- a) phosphates
- b) oxalates
- c) a and b are correct
- d) urates
- e) none of the above

*Sample answer:*d) urates

*Task 13.*Instructions: Choose one correct answer.

13) The most common complication of prostate adenoma is:

- a) bladder rupture
- b) nephrogenic hypertension
- c) acute urinary retention
- d) acute renal failure
- e) acute prostatitis

*Sample answer:*c) acute urinary retention

*Task 14.*Instructions: Choose one correct answer.

14) The most common location of prostate cancer metastases is:

- a) pelvic bones
- b) lungs
- c) liver
- d) regional lymph nodes
- e) skull bones

*Sample answer:*a) pelvic bones

*Task 15.*Instructions: Choose one correct answer.

15) Typical characteristics of urethral rupture are:

- a) hematuria
- b) urethrorrhagia
- c) anuria
- d) leukocyturia
- e) vesicoureteral reflux

*Sample answer:*b) urethrorrhagia

*Task 16.*Instructions: Choose one correct answer.

16) Diseases that cause acute urinary retention include:

- a) prostate adenoma
- b) CRF (chronic renal failure)
- c) AKI (acute renal failure)
- d) chronic cystitis
- e) acute pyelonephritis

*Sample answer:*a) prostate adenoma

*Task 17.*Instructions: Choose one correct answer.

17) Renal colic is caused by:

- a) kidney tuberculosis
- b) ureteral stone
- c) chronic pyelonephritis
- d) pelvic dystopia of the kidney
- e) bladder rupture

*Sample answer:*b) ureteral stone

*Task 18.*Instructions: Choose one correct answer.

18) Using a catheterization cystoscope, perform:

- a) bladder biopsy
- b) examination of the urethra
- c) catheterization of seminal vesicles
- d) crushing of stone in the ureter

e) stone crushing in the pelvis

*Sample answer:*a) bladder biopsy

*Task 19.*Instructions: Choose one correct answer.

19) Residual urine can be determined:

- a) with renography
- b) with ureteropyelography
- c) with ultrasound of the bladder
- d) with cystostomy
- e) with vesiculography

*Sample answer:*c) with ultrasound of the bladder

*Task 20.*Instructions: Choose one correct answer.

20) A characteristic palpation sign of prostate cancer is:

- a) uniform increase
- b) multiple areas of heterogeneous consistency
- c) smoothed median sulcus
- d) unclear boundaries
- e) areas of cartilaginous density

*Sample answer:*e) areas of cartilaginous density

*Task 21.*Instructions: Choose one correct answer.

21) Anomalies in the position of the kidneys are:

- a) D-shaped kidney
  - b) S-shaped kidney
  - c) biscuit-shaped kidney
  - d) pelvic kidney
  - e) horseshoe kidney *Sample answer:*
- d) pelvic kidney

*Task 22.*Instructions: Choose one correct answer.

22) The manifestation of genitourinary tuberculosis is:

- a) painful urination
- b) frequent urination
- c) sterile pyuria
- d) hematuria
- e) a combination of these characteristics

*Sample answer:*e) a combination of these characteristics

*Task 23.*Instructions: Choose one correct answer.

23) The most common type of kidney stones:

- a) urates
- b) oxalates
- c) phosphates
- d) cysteine stones
- e) mixed stones

*Sample answer:*b) oxalates

*Task 24.*Instructions: Choose one correct answer.

24) The predominant type of tumor of the renal pelvis is:

- a) adenocarcinoma

- b) squamous cell carcinoma
- c) papillary cancer
- d) transitional cell carcinoma
- e) oat cell carcinoma

*Sample answer:*b) squamous cell carcinoma

*Task 25.*Instructions: Choose one correct answer.

25) Indications for transurethral resection of the bladder wall are:

- a) acute cystitis
- b) chronic cystitis
- c) stone of the ureteric orifice
- d) bladder tumor
- e) ureterocele

*Sample answer:*d) bladder tumor

***Open type tasks:***

*Exercise 1.*Instructions. Instead of a dash, enter a phrase consisting of three words

Loss of urine, constant or periodic, without any precursors to loss (for example, with a vesico-vaginal fistula) is called \_\_\_\_\_

*Sample answer:*true urinary incontinence

*Task 2.*Instructions. Instead of a dash, enter a phrase consisting of three words

Loss of urine during physical exertion (coughing, laughing, sneezing, etc.) due to weakness of the urethral sphincter is called \_\_\_\_\_

*Sample answer:*stress urinary incontinence

*Task 3.*Instructions. Instead of a dash, enter a phrase consisting of three words

Loss of urine that occurs in response to a strong urge to urinate (for example, acute cystitis, spinal cord injury) is called \_\_\_\_\_

*Sample answer:*urge incontinence

*Task 4.*Instructions. Instead of a dash, enter only one word A decrease in diuresis to less than 400 ml per day associated with hypovolemia, arterial hypotension, and the development of acute renal failure, including due to obstruction of the upper urinary tract is called \_\_\_\_\_

*Sample answer:*oliguria

*Task 5.*Instructions. Instead of a dash, enter only one word Blood in semen is called \_\_\_\_\_ *Sample answer:*hemospermia

*Task 6.*Instructions. Instead of a dash, enter a phrase consisting of three words

Sudden loss of the ability to urinate when the bladder is full of urine (500 - 700 ml), a feeling of bursting pain above the womb is called \_\_\_\_\_

*Sample answer:* acute urinary retention

*Task 7.* Instructions. Instead of a dash, enter only one word  
Frequent urination is called \_\_\_\_\_ *Sample answer:*  
pollakiuria

*Task 8.* Instructions. Instead of a dash, enter only one word Painful urination, associated in most cases with inflammatory diseases of the bladder, prostate, and urethra, is called \_\_\_\_\_  
*Sample answer:* dysuria

*Task 9.* Instructions. Instead of a dash, enter only one word The shift of the main part of daily diuresis from daytime to nighttime is called \_\_\_\_\_

*Sample answer:* nocturia

*Task 10.* Instructions. Instead of a dash, enter only one word  
Nocturnal pollakiuria, two or more urinations at night is called \_\_\_\_\_  
*Sample answer:* nocturia

*Task 11.* Situational task

The patient's left ureter was damaged 3 months ago during a hysterectomy operation, the defect of which was immediately sutured. After the operation, he notes the appearance and progression of dull, aching pain in the left lumbar region. Upon palpation in the left hypochondrium, a tumor-like formation with a smooth surface, even contours, and slightly bulging is determined. General urine tests and examinations are unremarkable. According to radioisotope and x-ray examinations, the function of the right kidney is satisfactory; a significant decrease in function is noted on the left. What condition did the patient have?

*Sample answer:* hydronephrotic transformation

*Task 12.* Situational task

A 60-year-old patient who was admitted as an emergency with total painless macrohematuria has a palpable mass in the left subcostal region. The patient also complains of low-grade hyperthermia for 2 months. Blood tests show an increase in ESR to 50 mm per hour. Your preliminary diagnosis.

*Sample answer:* left kidney tumor

*Task 13.* Situational task

A 34-year-old patient came to the emergency department with complaints of pain in the lumbar region on both sides and lack of independent urination for 8 hours. A year ago, urolithiasis was diagnosed; stones in both kidneys were 0.5–0.6 cm. No urine was obtained during catheterization of the bladder. According to ultrasound data, there is bilateral expansion of the pyelocaliceal systems. Your presumptive diagnosis.

*Sample answer:* excretory anuria

*Task 14.* Situational task

A 29-year-old patient was admitted to the clinic with complaints of frequent, painful urination at intervals of 20–30 minutes, a small amount of blood in the urine at the end of urination, pain in the suprapubic area outside the act of urination. In urine tests:



the urine is cloudy, white blood cells cover the entire field of view. No discharge from the genital tract or urethra was detected. The sexual partner does not suffer from sexually transmitted diseases. Your diagnosis.

*Sample answer:*acute cystitis

*Task 15.*Situational task

A 63-year-old patient was admitted to the hospital with acute urinary retention for 5 days. Urine was evacuated from the bladder using a catheter. There was a history of daytime and nighttime pollakiuria for 2 years. At the time of examination: body temperature 38.3°C, purulent discharge from the urethra, percussion - the upper border of the bladder 4 cm above the symphysis pubis; rectal: the prostate gland is enlarged 2/5 times, has a tight-elastic consistency, and is painful. Your presumptive diagnosis. Your treatment tactics.

*Sample answer:*prostate hyperplasia, chronic urinary retention, infection urinary tract; epicycstostomy, antibacterial therapy

*Task 16.*Situational task

A 55-year-old patient was diagnosed with prostate adenocarcinoma at stage T1N0M0. What type of surgical treatment is indicated for the patient?

*Sample answer:*radical prostatectomy

*Task 17.*Situational task

A 72-year-old patient notes an intense admixture of blood in the urine; shapeless dark red blood clots are periodically released without pain. For 20 years he worked at a chemical plant producing aniline dyes. What disease do you suspect?

*Sample answer:*bladder tumor

*Task 18.*Situational task U

sick diagnosed histologically confirmed  
low-grade transitional cell cancer of the bladder in the T2NxMx stage, affecting the neck, trigone area and ureteral orifices. What volume of surgical intervention does the patient need to perform?

*Sample answer:*cystectomy with lymphadenectomy and urinary diversion

*Task 19.*Situational task

When examining the boy's external genitalia, it was revealed that the external opening of the urethra is located in the area of the penoscrotal angle. What type of anomaly does the child have?

*Sample answer:*hypospadias

*Task 20.*Situational task

A 20-year-old patient was kicked in the perineum while playing football. Urethrorrhagia appeared. Notes the urge to urinate, but cannot urinate on his own. A bulge is identified above the pubis, above which a dull sound is detected upon percussion. There is a perineal hematoma. Blood is released from the urethra. What is your preliminary diagnosis?

*Sample answer:*urethral rupture

*Task 21.*Situational task

A 62-year-old patient has noticed a gradual painful increase in the volume of the left half of the scrotum over the past 2 years. On examination, the left half of the scrotum

increased in volume by more than 3 times, the skin is not changed, palpation has a tight-elastic consistency, homogeneous, painless, the testicle is not differentiated from the appendages and elements of the spermatic cord. The diaphanoscopy symptom is positive. The right half of the scrotum with its structural elements is unchanged. Your diagnosis.

*Sample answer:* left hydrocele

*Task 22.* Situational task

The patient complained of a painful increase in the volume of the foreskin, the inability to close the head of the penis, which arose after sexual intercourse. On examination: the head of the penis is exposed, swollen, cyanotic. The foreskin is purple-cyanotic in color, sharply swollen, painful. Your diagnosis:

*Sample answer:* paraphimosis

*Task 23.* Situational task

An 18-year-old patient complained of difficulty urinating and swelling of the preputial sac during urination. On examination: the head of the penis is not exposed due to a sharp narrowing of the external opening of the preputial opening of the sac. Your diagnosis.

*Sample answer:* phimosis

*Task 24.* Situational task

A 65-year-old man suddenly developed pain in the left half of the scrotum and his body temperature increased to 39°C with chills. The pain radiates to the groin area and intensifies with movement. On examination, the left half of the scrotum is enlarged, hyperemic, and palpation is sharply painful. Your diagnosis.

*Sample answer:* acute epididymitis orchioepididymitis

*Task 25.* Situational task

A 45-year-old man, on the 3rd day after sexual intercourse, felt pain in the left half of the scrotum. The pain gradually intensified, body temperature increased to 38°C. Upon examination, a testicle with a dense, sharply painful appendage is identified in the left half of the scrotum. Your diagnosis.

*Sample answer:* acute epididymitis

*Task 26.* Situational task

The patient complained of pain in the head of the penis and heavy discharge from the urethra. On examination, the head and foreskin are swollen and hyperemic. Hyperemia is especially pronounced at the external opening of the urethra, discharge from the urethra is profuse and purulent. What is your diagnosis, tactics?

*Sample answer:* acute urethritis; antibacterial therapy

*Task 27.* Situational task

During masturbation, the patient inserted a nail deeply into the urethra, which he was then unable to remove on his own. Soon pain appeared when urinating, and the temperature rose. Upon examination, the penis is enlarged, swollen, and a hard object is palpated approximately in the center. The foreign body was confirmed x-ray. Diagnosis, tactics?

*Sample answer:* urethral foreign body; urethroscopy; removal of a foreign body, if endoscopic removal of a foreign body is impossible - urethrotomy

*Task 28.*Situational task

A patient leading a promiscuous sex life developed local pain in the penis, a burning sensation during urination, and mucopurulent discharge from the urethra. Upon examination, the tissue around the external opening of the urethra is hyperemic and edematous. What is your diagnosis, research methods?

*Sample answer:*sexually transmitted disease; PCR diagnostics.

*Task 29.*Situational task

A young man complains of a dull aching pain in the anus, perineum, sensation of a foreign body in the anus, blood in the ejaculate, intermittency of the stream. During urethroscopy, the seminal tubercle is enlarged, red, and bleeding. What is your diagnosis, tactics?

*Sample answer:*acute prostatitis; Stemi-Mears test; antibacterial therapy

*Task 30.*Situational task

7. Suddenly, a 60-year-old man's body temperature rose to 39°C, developed general weakness, malaise. Chills, thirst, headache, pain above the womb and in the scrotum. The scrotum is swollen, tense, the skin is dark red, areas of softening and fluctuations are visible. What is your diagnosis, tactics?

*Sample answer:*Fournier's gangrene; surgical treatment

*Task 31.*Situational task

The patient complained of a gradual enlargement of the left half of the scrotum, nagging pain in the scrotum, aggravated by movement. Upon examination, the left half of the scrotum is enlarged, round in shape, densely elastic in consistency, painless, the testicle and epididymis cannot be palpated. The external inguinal ring is not changed, the cough impulse is negative, diaphanoscopy reveals a red spot. What is your diagnosis, tactics?

*Sample answer:*hydrocele on the left; surgical treatment

*Task 32.*Situational task

A 10-year-old child suddenly developed a sharp pain in his right testicle while coughing. The pain radiates to the groin area and lower abdomen, the patient feels nauseous and vomits. On examination, asymmetry of the scrotum is noted, the right half is edematous and hyperemic. The testicle is painful, dense, enlarged, located horizontally, pulled towards the root of the scrotum. The spermatic cord is thickened, painful, and there is an abnormal position of the epididymis. What disease can you think about, hospital measures?

*Sample answer:*torsion of the spermatic cord; urgent surgical treatment

*Task 33.*Situational task

A young man, 24 years old, complains of an infertile marriage for 2 years. Upon examination, the left half of the scrotum droops sharply, the surface of the scrotum is not smooth, sharply dilated veins are palpated in the form of a ball of worms. The testicle on the left is reduced in size compared to the right. Azoospermia is determined. What is your diagnosis, tactics?

*Sample answer:*varicocele on the left, hypotrophy of the left testicle; surgical treatment

*Task 34.*Situational task

A patient was brought to the clinic with complaints of blood in the urine and pain in the bladder area that occurs with movement. What is your diagnosis and tactics?

*Sample answer:* urolithiasis, bladder stone; cystoscopy

*Task 35.* Situational task

A 28-year-old man was brought to the emergency room with complaints of acute urinary retention. From the anamnesis it was revealed that the patient had been suffering from urolithiasis for a long time with characteristic attacks of renal colic and spontaneous passage of stones. The last renal colic occurred 3 days ago. What could cause acute urinary retention in this patient.

*Sample answer:* urethral stone

*Task 36.* Interview question

Pathogenesis of renal colic.

*Sample answer:* The cause of the pain is believed to be stretching of the renal capsule due to acute edema due to inflammation or acute dilatation of the pyelocaliceal system due to obstruction.

*Task 37.* Interview Question Describe the clinical manifestations of renal pain.

*Sample answer:* Kidney pain is located in the lower back XII ribs and outward from the extensors of the back. It manifests itself especially clearly in the costovertebral angle, as well as in the outer segment of the ipsilateral hypochondrium. The pain may spread to the middle and lower abdomen.

*Task 38.* Interview question Assess ureteral pain.

*Sample answer:* Acute or chronic ureteral obstruction is accompanied by acute renal colic, or dull pain in the lower back, side, hypochondrium. In some cases, the pain begins in the abdomen in the projection of the location of the stone and spreads upward to the lower back, in others it begins in the lower back and spreads to the area of the stone. When the stone is located in the distal (pelvic) section of the ureter, the pain radiates to the scrotum, testicle, and when the stone comes close to the wall of the bladder and enters its wall, a frequent and imperative urge to urinate appears, and the pain is reflected in the penis, its head. The nature of the pain is associated with spasm of the smooth muscles of the ureter, its hyperperistalsis in response to the presence of a stone in its lumen.

*Task 39.* Interview question

Clinical picture and characteristics of pain in the bladder.

*Sample answer:* Sudden onset and severe bladder pain over the pubis occurs during acute urinary retention, when the bladder overfills to a volume of 550 – 700 ml. A patient with chronic urinary retention, when the capacity of the bladder can reach 1000–2000 ml or more, experiences a dull, bursting, mild pain over the pubis or only discomfort. Acute inflammation of the bladder in women is accompanied by suprapubic pain of moderate strength and pain when urinating, which intensifies above the pubis. Women suffering from so-called interstitial cystitis, which is characterized by a decrease in its capacity (< 350 ml), experience severe chronic pain above the womb, in the area of the womb, urethra, and vagina. Ureteral

pain occurs with stones in its cavity, late stages of bladder cancer, tuberculosis.

*Task 40.* Interview question Describe the pain in the external genitalia.

*Sample answer:* Sharp, severe and sudden pain in the testicle may be associated with its injury, torsion of the spermatic cord, while inflammation of the testicle causes the gradual development of pain of a dull nature and moderate strength. Other testicular diseases (varicocele, hydrocele, tumor, etc.) cause discomfort in the scrotum. Acute ureteral occlusion may begin with severe pain in the scrotum and groin area and later move to the abdomen. Only acute inflammation of the epididymis can cause constant moderate pain in the scrotum. When inflammation spreads to the testicle, the pain intensifies in the scrotum, and spreading to the vas deferens can cause pain in the lower abdomen. Epididymal cysts and seminal duct obstruction are usually not accompanied by pain.

*Task 41.* Interview question Clinical characteristics of pain in prostate diseases.

*Sample answer:* Hyperplasia and prostate cancer up to the late stage of its development are painless diseases. Only acute and chronic inflammation of the prostate can cause pain, which is projected onto the perineum and suprapubic region, and referred pain is possible in the lumbosacral area. Prostatic pain may be accompanied by painful and frequent urination and painful ejaculation.

*Task 42.* Interview question Describe the normal act of urination.

*Sample answer:* Normally, a woman's bladder capacity is about 400 ml, for men - 300–350 ml. A healthy person urinates up to 7 times a day.

*Task 43.* Interview question What is pollakiuria?

*Sample answer:* Pollakiuria - frequent urination, 8 or more times a day. It is observed when the capacity of the bladder decreases: with acute cystitis due to swelling of the mucous membrane, with cicatricial wrinkling of the bladder due to chronic inflammation, with large tumors and stones, etc. Pollakiuria is also possible with chronic urinary retention, when the bladder stretches more physiological capacity.

*Task 44.* Interview question Describe enuresis.

*Sample answer:* Enuresis is unregulated night urination. Physiological enuresis is recognized up to 3 years. After 3 years of age, it is associated with immaturity of brain function and delayed maturation of the neuromuscular tissues of the bladder and urethra. Enuresis can be combined with daytime urination disorders due to organic diseases of the bladder and urethra.

*Task 45.* Interview question What diseases are characterized by difficulty urinating?

*Sample answer:*Difficulty urinating due to organic or (rare) dysfunctional obstruction to urine flow. It is observed with an enlarged prostate, narrowing of the bladder neck and urethra, urethral valves, etc.

*Task 46.*Interview question What is urinary retention?

*Sample answer:*Normally, the act of urination begins as soon as a person decides fulfill it. However, with an enlarged prostate, one of the first symptoms of obstruction is a pause from the desire to start to the actual start of urination.

*Task 47.*Interview question List the symptoms of bladder emptying.

*Sample answer:*Delay in starting urination, straining when urination, weak stream, split stream, terminal dripping, intermittent urine stream, feeling of incomplete emptying, acute urinary retention, chronic urinary retention.

*Task 48.*Interview question Explain the term "retrograde ejaculation".

*Sample answer:*Retrograde ejaculation is the throwing of semen into the bladder. It is a consequence of operations on the pelvic organs, including the bladder, prostate, as well as spinal cord injuries.

*Task 49.*Interview question Explain the term "hemospermia".

*Sample answer:*Hemospermia is an admixture of blood in semen. Brown color of sperm associated with the accessory sex glands (epididymis, prostate, seminal vesicle). An admixture of fresh blood (scarlet or cherry) is a symptom of damage to the prostatic urethra. The cause of hemospermia is usually associated with inflammation of the genital organs.

*Task 50.*Interview question Explain the term "libido".

*Sample answer:*Libido (sexual desire) has an age-related relationship. It appears during the child's puberty in adolescence, reaches its maximum severity in the 3rd – 4th decade of life, and then gradually decreases. Libido shapes the desired frequency of sexual relations. Regulated by psychogenic and endocrine factors. Violations of these factors cause hypoactive sexual behavior in men

*Task 51.*Interview question Explain the term "erection".

*Sample answer:*Erection in a mature man is regulated by neurogenic, vascular, endocrine and psychogenic mechanisms. During an erection, blood flow in the penis increases 10-20 times, which ensures an increase in penis size and its rigidity. Violation of the above mechanisms leads to a weakening of erectile function either from the very beginning of the development of erection and introjection, or during frictions. At some point, a weakened erection does not allow introjection, and the man is deprived of the ability to perform sexual intercourse.

*Task 52.*Interview question

Explain the term ejaculation.

*Sample answer:*Ejaculation - the release of semen occurs during the frictional stage movements. The time from intromission to ejaculation is the duration of sexual intercourse. Average duration is about 5 minutes. There is a problem of short sexual intercourse, i.e. premature (early) ejaculation and delayed (late) ejaculation. Ejaculation problems are associated with the function of the somatic and autonomic nervous systems; in most cases, their causes are due to disorders in the central and peripheral nervous systems.

*Task 53.* Interview question Explain the term "orgasm".

*Sample answer:*Orgasm is a sensation that occurs in the brain due to sexual activity and development of ejaculation. A strong orgasm encourages sexual behavior, while a weak, erases one inactivates sexual behavior. The causes of orgasm disorders are related to human mental activity. There is also the problem of a complete lack of orgasm - anorgasmia.

*Task 54.* Interview question

What are the causes of the formation of vesicovaginal and uretero-vaginal fistulas?

*Sample answer:*Urinary fistulas are conditions with pathological communication between the organs of the urinary and reproductive systems, the organs of the urinary system and the gastrointestinal tract. Fistulas can be congenital due to developmental anomalies and acquired as a result of oncological and inflammatory diseases, their surgical and radiation treatment, childbirth and surgical treatment for them, as well as injuries.

*Task 55.* Interview question Define infertility.

*Sample answer:*Infertility means absence for a year or more pregnancy in women in a sexually active couple who do not use contraception." Infertility occurs in approximately 15% of couples during the year. Primary infertility is with the initial absence of pregnancy, secondary - in the absence of repeated pregnancies.

*Task 56.* Interview question

Define the concept of erectile dysfunction.

*Sample answer:*Erectile dysfunction is characterized by constant or periodic inability to achieve and maintain an erection sufficient for successful sexual intercourse.

*Task 57.* Interview question Describe the symptoms and signs of testicular tumors.

*Sample answer:*Most often there is painless enlargement of the testicle, only 1/4 of patients experience pain. Acute testicular pain is rare and is associated with testicular infarction or hemorrhage into the testicle. About 10% of patients have metastatic symptoms. Signs: palpation reveals a node inside the testicle or diffuse enlargement and hardening of the testicle. The combination of testicular membranes with dropsy (hydrocele) can make palpation and differentiation of conditions difficult. Palpation of the abdomen may reveal large

tumor masses. It is necessary to examine the cervical, axillary, supraclavicular, and inguinal lymph nodes. In 5% of cases, gynecomastia is detected.

*Task 58.* Interview question

What are the epidemiology and development factors of penile cancer (PC)?

*Sample answer:* Risk factors for HCP are the presence of foreskin, phimosis, chronic inflammatory diseases of the skin of the glans penis and foreskin, poor genital hygiene, low socioeconomic status, smoking. HCP does not develop in men who were circumcised in infancy. Smegma and human papillomavirus are considered carcinogens.

*Task 59.* Interview question

What are the risk factors for developing prostate cancer (PC)?

*Sample answer:* The main risk factor is age. Also black population has a higher risk of disease and mortality, which is associated with more aggressive characteristics of the cancer and more advanced stages at diagnosis. The hereditary factor is important in approximately 9% of cases of RP.

*Task 60.* Interview question What are the symptoms of prostate cancer (PC)?

*Sample answer:* Cancer limited to the prostate does not have any symptoms. Symptoms appear only when the tumor grows into the bladder neck, Lieto's triangle, and urethra. However, obstructive and irritative symptoms may be associated with benign hyperplasia coexisting in the prostate. Further local progression of cancer can lead to ureterohydronephrosis, bladder urinary retention with corresponding symptoms. Metastatic bone damage is manifested by pain, compression of the spinal cord - impaired sensitivity and motor skills of the lower extremities, urinary and fecal incontinence.

*Task 61.* Interview question

What are the main symptoms of bladder cancer (BC)?

*Sample answer:* Hematuria is the main symptom in 85–90% of patients with bladder cancer. It can be macro- or microhematuria, intermittent or constant, total or terminal. Severe hematuria, as a rule, indicates a high degree of malignancy of the tumor. Irritative symptoms are observed less frequently, usually with large tumors, hemotamponade of the bladder, concomitant cystitis, and bladder stones. Pain appears with urinary retention, ureterohydronephrosis, bone metastases, and with local spread of the tumor - in the buttocks and thighs.

*Task 62.* Interview question

What does cystoscopy give a urologist in assessing bladder cancer (BC)?

*Sample answer:* Diagnosis of bladder cancer is based on cystoscopy, which is primarily can be performed under local anesthesia with a flexible urethrocystoscope. Cystoscopy allows visualization of single or multiple papillary formations. Carcinoma in situ appears as a flat, erythematous patch on an uneven, velvety mucosa.

*Task 63.* Interview question

What is the nature of hematuria in renal cell carcinoma (RCC)?



*Sample answer:*In patients with RCC, macro- or microhematuria occurs, it always total, sometimes with the formation of blood worm-like clots, which, if the ureter is obstructed, can cause renal colic.

*Task 63.*Interview question.

What is the incidence and prevalence of benign prostatic hyperplasia (DGP)?

*Sample answer:*BPH is one of the most common benign tumors in men. Its histological signs are detected in 9% of men aged 31–40 years, by 51–60 years of age in more than 50% of autopsies and in 90% of men over 80 years of age. BPH is considered an age-associated disease, the first clinical manifestations of which can be noticeable in the 5th decade of life. Risk factors for the development of BPH remain largely unclear, but genetic and racial predispositions and environmental quality definitely play a role.

*Task 64.*Interview question

What complaints does a patient with benign prostatic hyperplasia have? (DGP)?

*Sample answer:*BPH is a chronic progressive disease, manifested by cumulative (irritative), voiding (obstructive) and post-mictional symptoms. The clinical picture in most patients is dominated by emptying symptoms, such as a sluggish and thin stream, its intermittency, and the need to strain the anterior abdominal wall. Less often, patients complain about irritative symptoms, meanwhile, it is they that cause the greatest concern in patients, and among them are night urination, imperative urges, especially those accompanied by urinary incontinence.

*Task 65.*Interview question

What complications are observed with benign prostatic hyperplasia? (DGP)?

*Sample answer:*During BPH, a number of complications may develop: acute urinary retention, chronic urinary retention, bladder stones, vesicoureteral reflux and hydronephrosis, vesical bleeding, infection of the lower and upper urinary tract and genital organs, CKD in the form of renal failure.

*Task 66.*Interview question Features of the clinical picture of CKD.

*Sample answer:*Mild decreases in renal reserve are asymptomatic. Moderate disturbances in GFR may not be accompanied by symptoms even with an increase in creatinine and blood urea. Weakness, anorexia, apathy, nocturia may be the first signs of uremia. Over time (with GFR < 15 ml/min/1.73 m<sup>2</sup>) neuromuscular symptoms, nausea, vomiting, weight loss, stomatitis appear. The skin turns yellow-brown and itches. In the late stage of CKD, pericarditis occurs; Arterial hypertension, coronary insufficiency, water and sodium retention lead to edema and dyspnea.

*Task 67.*Interview question

Describe the concept of acute renal failure (ARF).

*Sample answer:*AKI is an acute kidney injury with sudden disruption of glomerular filtration and retention in the blood of endogenous and exogenous metabolites (potassium, creatinine, urea, phosphates, sulfates, drugs), which are normally excreted by the kidneys. In acute renal failure, oliguria is observed. Anuria is considered an extreme phenomenon - a complete cessation of the process of urine formation.

*Task 68.* Interview question

Describe the basics of diagnosing acute renal failure (ARF). *Sample answer:* If diuresis is maintained, it is necessary to determine the relative urine density: if its value is more than 1018, prerenal acute renal failure is assumed, and if it is less than 1018, then we are talking about renal acute renal failure. In prerenal acute renal failure, changes in urine sediment are minimal. Renal acute renal failure is characterized by proteinuria, hematuria, and cylindruria. Leukocyturia and microhematuria occur with obstruction of the upper urinary tract. Determination of blood creatinine, sodium, potassium, GFR, acid-base status — main indicators characterizing the severity of acute renal failure. Imaging methods - renal ultrasound with Doppler sonography allows you to identify or exclude postrenal acute renal failure by the presence or absence of dilatation of the pelvis and renal calices. In addition, Doppler can be used to determine the presence/absence of renal blood flow. If renal vessel thrombosis is suspected, emergency angiography is indicated.

*Task 69.* Interview question What are the symptoms of urolithiasis (UCD)?

*Sample answer:* KSD can be asymptomatic and discovered incidentally during examination for any reason. However, most often ICD manifests itself as pain. Its localization is determined by the location of the stone: with a stone in the pelvis or ureteropelvic segment, the pain is located in the lower back and outer hypochondrium with irradiation to the abdomen; with a stone in the distal third of the ureter, pain is felt in the iliopubic region with irradiation to the groin, testicle or labia. The severity of pain varies - from mild to unbearable, requiring parenteral administration of analgesics. The pain can be dull bursting and up to sharp dagger-like, which is regarded as renal colic. Colic, as a rule, occurs suddenly, can last 15–20 minutes or 1–2 hours, and is accompanied by nausea, vomiting, and flatulence. Renal colic is usually accompanied by microhematuria, but sometimes by severe renal bleeding, which should be confirmed by laboratory testing. With obstruction of the paravesical or intravesical part of the ureter, frequent painful imperative urination appears. In some cases, low-grade fever may occur without signs of infection.

*Task 70.* Interview question

Methods for diagnosing urolithiasis (UCD).

*Sample answer:* Diagnostics is based on radiation imaging methods, the choice which depends on the clinical situation. In acute renal colic, ultrasound should be used as a primary method, which can detect stones in the calyces, pelvis, ureteropelvic and ureterovesical segments, as well as dilation of the upper urinary tract. After ultrasound, it is recommended to perform a CT scan without contrast, which ensures the determination of the size of the stone, its density, and location. In non-emergency situations or planning stone removal, CT should be performed with

contrasting, which allows for three-dimensional reconstruction of the collecting system and measuring the distance from the skin to the stone, which is important for choosing treatment tactics.

*Task 71.* Interview question

Etiology of infectious and inflammatory diseases in urology.

*Sample answer:* Among the causative pathogens, bacteria of the family Enterobacteriaceae. At least 80% of cases of cystitis and pyelonephritis are caused by E. coli serogroup O. Klebsiella, Proteus, Enterobacter, S. saprophyticus and Entorococcus cause UTIs in most of the remaining 20% of cases. S. aureus, B-hemolytic streptococcus, La ctobacilli, and anaerobic bacteria may also be involved in the development.

*Task 72.* Interview question

What is acute pyelonephritis (AP)? Definition of the concept.

*Sample answer:* AP is uncomplicated with normal anatomical the structure of the kidneys and urinary tract and their normal physiology. In the presence of structural abnormalities of the kidneys and obstructions of the urinary tract that impair the outflow of urine from the kidneys, pyelonephritis is complicated. Complicated AP is usually characterized by a more severe clinical course and a greater risk of complications, including urosepsis and death.

*Task 73.* Interview question Clinic and diagnosis of acute cystitis.

*Sample answer:* Patients with acute cystitis complain of irritative symptoms: frequent, imperative, painful urination and constant pain above the pubis. The urine becomes cloudy and has an unpleasant odor. Low-grade fever is rare. The level of leukocytes and erythrocytes in the urine is increased. When the clinical picture is typical, bacteriological examination of urine is not recommended due to the obvious uropathogens. Ultrasound of the bladder is also rarely necessary. In case of uncomplicated acute cystitis, the patient should not have vaginal discharge or any other signs of vaginitis

*Task 74.* Interview question Specific infections of the genitourinary tract

*Sample answer:* Specific infections are determined by specific pathogens that cause clinically unique diseases. These are tuberculosis, candidiasis, actinomycosis, schistosomiasis (bilharzia), filariasis, echinococcosis. Specific lesions of the urogenital tract are considered to require special diagnostic and treatment methods, and in some cases, urological operations.

*Task 75.* Interview question

Classification of kidney anomalies.

*Sample answer:* Anomalies of kidney development are divided into anomalies of quantity, structures, positions and anomalies of blood vessels. Abnormalities of quantity include unilateral and bilateral agenesis and aplasia of the kidney, as well as duplication and third accessory kidney. Structural abnormalities are otherwise called dysplasias and represent abnormal development of kidney tissue. These include all cystic formations. Anomalies

the position can be expressed in dystopia, that is, the location of the organ in an atypical place, usually below the lumbar region.

**PC-8:**

***Closed type tasks:***

*Exercise 1.*Instructions: Choose one correct answer.

1) Indications for catheterization of the collecting system are:

- a) gross hematuria
- b) acute urinary retention
- c) intractable renal colic
- d) paradoxical ischuria
- e) strangury

*Sample answer:*c) intractable renal colic

*Task 2.*Instructions: Choose one correct answer.

2) A patient with renal colic first of all needs to:

- a) relieve renal colic
- b) perform excretory urography
- c) prescribe diuretics
- d) prescribe antibacterial therapy
- e) none of the above

*Sample answer:*a) relieve renal colic

*Task 3.*Instructions: Choose one correct answer.

3) The most preferred drugs for the treatment of acute pyelonephritis are:

- a) cephalosporins
- b) fluoroquinolones
- c) aminoglycosides
- d) all of the above
- e) none of the above

*Sample answer:*d) all of the above

*Task 4.*Instructions: Choose one correct answer.

4) Carrying out multislice computed tomography in patients with urolithiasis allows:

- a) clarify the condition of the upper urinary tract
- b) clarify the location of the stone
- c) determine the computer density of the stone
- d) specify the number of stones
- e) all of the above

*Sample answer:*e) all of the above

*Task 5.*Instructions: Choose one correct answer.

5) In the case of an allergic reaction to iodine-containing contrast agents in a patient with suspected kidney tumor, to clarify the diagnosis, it is advisable to:

- a) limit yourself to ultrasound data

- b) perform a CT scan in any case
- c) perform computed tomography without contrast
- d) perform magnetic resonance imaging
- e) perform nephroscintigraphy

*Sample answer:*d) perform magnetic resonance imaging

*Task 6.*Instructions: Choose one correct answer.

6) Primary treatment measures for acute obstructive pyelonephritis are:

- a) prescribing broad-spectrum antibiotics
- b) drainage of the upper urinary tract on the affected side
- c) prescribing anti-inflammatory drugs with antibiotics
- d) prescription of diuretics
- e) administration of heparin

*Sample answer:*b) drainage of the upper urinary tract on the affected side

*Task 7.*Instructions: Choose one correct answer.

7) Plastic surgeries for hypospadias and epispadias are performed:

- a) in infancy
- b) in preschool age
- c) at school age
- d) during puberty
- e) after puberty

*Sample answer:*b) in preschool age

*Task 8.*Instructions: Choose one correct answer.

8) The most common complication of cryptorchidism is:

- a) testicular injury
- b) pain syndrome
- c) testicular atrophy
- d) testicular tumor
- e) hydrocele of testicular membranes

*Sample answer:*c) testicular atrophy

*Task 9.*Instructions: Choose one correct answer.

9) When analyzing a plain radiograph it is impossible to interpret:

- a) the state of the visible part of the skeletal system
- b) contours of the ureter
- c) radiograph quality
- d) contours of the lumbar muscles
- e) shape, size, position of the kidneys

*Sample answer:*b) contours of the ureter

*Task 10.*Instructions: Choose one correct answer.

10) The method for diagnosing prostate adenoma is:

- a) isotope radiography
- b) prostate biopsy
- c) palpation of the prostate gland
- d) determination of creatinine content in the blood
- e) determination of PSA level

*Sample answer:*c) palpation of the prostate gland

*Task 11.*Instructions: Choose one correct answer.

11) The method for diagnosing prostate cancer is:

- a) excretory urography
- b) prostate biopsy
- c) ureteroscopy

d) Ultrasound

e) uroflowmetry

*Sample answer:*b) prostate biopsy

*Task 12.*Instructions: Choose one correct answer.

12) A characteristic palpation sign of prostate adenoma is:

- a) unclear boundaries
- b) uneven consistency
- c) lumpy surface
- d) significant increase, dense elastic consistency
- e) areas of cartilaginous density

*Sample answer:*d) significant increase, dense elastic consistency

*Task 13.*Instructions: Choose one correct answer.

13) A characteristic palpation sign of prostate cancer is:

- a) uniform increase
- b) multiple areas of heterogeneous consistency
- c) smoothed median sulcus
- d) unclear boundaries
- e) areas of cartilaginous density

*Sample answer:*e) areas of cartilaginous density

*Task 14.*Instructions: Choose one correct answer.

14) The main medications for prostate cancer are:

- a) antibiotics
- b) angioprotectors
- c) drugs that suppress androgen activity
- d) corticosteroids
- e) anti-inflammatory drugs

*Sample answer:*c) drugs that suppress androgen activity

*Task 15.*Instructions: Choose one correct answer.

15) Kidney injury is characterized by:

- a) secretory anuria
- b) acute urinary retention
- c) excretory anuria
- d) total gross hematuria
- e) clinical picture of peritonitis

*Sample answer:*d) total gross hematuria

*Task 16.*Instructions: Choose one correct answer.

16) In case of kidney bruise, it is indicated:

- a) kidney resection
- b) nephrectomy
- c) drainage of the kidney and perinephric tissue
- d) bed rest with antibacterial and hemostatic therapy

e) stenting of the upper urinary tract

*Sample answer:*d) bed rest with antibacterial and hemostatic therapy

*Task 17.*Instructions: Choose one correct answer.

17) A late complication of kidney injury may be:

- a) acute pyelonephritis
- b) nephrogenic hypertension
- c) kidney tumor
- d) pedunculitis
- e) chronic pyelonephritis

*Sample answer:*b) nephrogenic hypertension

*Task 18.*Instructions: Choose one correct answer.

18) A sign of intraperitoneal rupture of the bladder is:

- a) pain above the womb
- b) urinary dysfunction and symptoms of peritoneal irritation
- c) urinary leakage into the pelvic tissue
- d) kidney failure
- e) urinary incontinence

*Sample answer:*b) urinary dysfunction and symptoms of peritoneal irritation

*Task 19.*Instructions: Choose one correct answer.

19) Upper urinary tract infection in children is most often associated with:

- a) with hydronephrosis
- b) with urethral stricture
- c) with tuberculosis
- d) with vesico-urethral reflux
- e) with all of the above

*Sample answer:*d) with vesico-urethral reflux

*Task 20.*Instructions: Choose one correct answer.

20) Before removing a damaged kidney, it is necessary to examine:

- a) hemodynamic state
- b) condition of a damaged kidney
- c) function of the remaining kidney
- d) data from a general urine test
- e) clinical blood test data

*Sample answer:*d) data from a general urine test

*Task 21.*Instructions: Choose one correct answer.

21) The diet for chronic renal failure should contain:

- a) low proteins, low carbohydrates
- b) low protein, moderate amount of carbohydrates
- c) high protein, low carbohydrates
- d) a lot of protein, a lot of carbohydrates
- e) as little fat as possible

*Sample answer:*c) high protein, low carbohydrates

*Task 22.*Instructions: Choose one correct answer.

22) Research that is mandatory for painless gross hematuria:

- a) excretory urography
- b) CT scan of the kidneys and bladder

- c) cystoscopy
- d) bladder catheterization
- e) all of the above

*Sample answer:*c) cystoscopy

*Task 23.*Instructions: Choose one correct answer.

23) Based on a survey image of the urinary system, a diagnosis can be made:

- a) ureteral stone
- b) acute pyelonephritis
- c) kidney tumor
- d) hydronephrosis
- e) duplication of the urinary tract

*Sample answer:*a) ureteral stone

*Task 24.*Instructions: Choose one correct answer.

24) In case of massive hematuria caused by a kidney tumor, the most effective method of stopping bleeding is:

- a) nephrostomia
- b) installation of a catheter-stent in the upper urinary tract on the affected side
- c) embolization of the renal artery on the affected side
- d) installing a catheter into the collecting system of the affected kidney and washing it
- e) tumor irradiation

*Sample answer:*c) embolization of the renal artery on the affected side

*Task 25.*Instructions: Choose one correct answer.

25) For the differential diagnosis of postrenal anuria and its other types, if it is impossible to perform an ultrasound examination of the kidneys, the following is indicated:

- a) excretory urography
- b) bilateral catheterization of the ureters
- c) chromocystoscopy
- d) bilateral antegrade pyeloureterography
- e) Rehberg test

*Sample answer:*b) bilateral catheterization of the ureters

### ***Open type tasks:***

*Exercise 1.*Instructions. Instead of a dash, enter only one word

Citrate therapy is indicated for \_\_\_\_\_ kidney stones *Sample answer:*urate

*Task 2.*Instructions. Instead of a dash, enter a phrase consisting of two words

For a kidney tumor up to 3.0 cm, located in one of the poles of the kidney at a distance of 1.5 cm from the renal sinus structures, the preferred operation is

\_\_\_\_\_ *Sample answer:*kidney resection

*Task 3.*Instructions. Instead of a dash, enter a phrase consisting of two words

For invasive bladder cancer at stage T3, \_\_\_\_\_ is indicated



*Sample answer:*radical cystectomy

*Task 4.*Instructions. Instead of a dash, enter a phrase consisting of two words

For metastatic hormone-sensitive prostate cancer, treatment is indicated:

\_\_\_\_\_ *Sample answer:*hormone therapy

*Task 5.*Instructions. Instead of a dash, enter a phrase consisting of two words

For localized prostate cancer in a 60-year-old patient, treatment is indicated:

\_\_\_\_\_ *Sample answer:*radical prostatectomy

*Task 6.*Instructions. Instead of a dash, enter only one word To eliminate chronic renal failure and bladder outlet obstruction (prostate hyperplasia with a volume of up to 100 cm<sup>3</sup>) must be made

*Sample answer:*adenomectomy

*Task 7.*Instructions. Instead of a dash, enter only one word When the posterior urethra is ruptured, \_\_\_\_\_ is indicated *Sample answer:* cystostomy

*Task 8.*Instructions. Instead of a dash, enter a phrase consisting of two words

For differential diagnosis of intraperitoneal and extraperitoneal rupture of the bladder, it is necessary to perform \_\_\_\_\_

*Sample answer:*retrograde cystography

*Task 9.*Instructions. Instead of a dash, enter only one word

When the source of gross hematuria is localized in the bladder, the best method of stopping bleeding is cystoscopy and \_\_\_\_\_ bleeding vessels

*Sample answer:*electrocoagulation

*Task 10.*Instructions. Instead of a dash, enter only one word

If more than 24 hours have passed since the injury, the main type of treatment for urethral rupture is \_\_\_\_\_

*Sample answer:*cystostomy

*Task 11.*Situational task

The patient's left ureter was damaged 3 months ago during a hysterectomy operation, the defect of which was immediately sutured. After the operation, he notes the appearance and progression of dull, aching pain in the left lumbar region. Upon palpation in the left hypochondrium, a tumor-like formation with a smooth surface, even contours, and slightly bulging is determined. General urine tests and examinations are unremarkable. According to radioisotope and x-ray examinations, the function of the right kidney is satisfactory; a significant decrease in function is noted on the left. What condition did the patient have? Lead tactics.

*Sample answer:*hydronephrotic transformation; CPNS on the left

*Task 12.*Situational task

A 60-year-old patient who was admitted as an emergency with total painless macrohematuria has a palpable mass in the left subcostal region. The patient also complains of low-grade hyperthermia for 2 months. Blood tests show an increase in ESR to 50 mm per hour. Your preliminary diagnosis. Treatment tactics.

*Sample answer:*tumor of the left kidney; surgical treatment after completion SCT of retroperitoneal organs with contrast

*Task 13.*Situational task

A 34-year-old patient came to the emergency department with complaints of pain in the lumbar region on both sides and lack of independent urination for 8 hours. A year ago, urolithiasis was diagnosed, stones in both kidneys were 0.5 - 0.6 cm. No urine was obtained during catheterization of the bladder. According to ultrasound data, there is bilateral expansion of the pyelocaliceal systems. Your presumptive diagnosis.

*Sample answer:*excretory anuria; the first priority is drainage of the upper urinary tract, which leads to the development of polyuria, which requires appropriate correction

*Task 14.*Situational task

A 29-year-old patient was admitted to the clinic with complaints of frequent, painful urination at intervals of 20–30 minutes, a small amount of blood in the urine at the end of urination, pain in the suprapubic area outside the act of urination. In urine tests: the urine is cloudy, leukocytes cover the entire field of view. No discharge from the genital tract or urethra was detected. The sexual partner does not suffer from sexually transmitted diseases. Your diagnosis, treatment tactics

*Sample answer:*acute cystitis; antibacterial therapy - fosfomicin trometamol (3 g once) or nitrofurantoin (nitrofurantoin macrocrystals 100 mg 4 times a day for 5 days

*Task 15.*Situational task

A 63-year-old patient was admitted to the hospital with acute urinary retention for 5 days. Urine was evacuated from the bladder using a catheter. There is a 2-year history of daytime and nighttime pollakiuria. At the time of examination: body temperature 38.3°C, purulent discharge from the urethra, percussion - the upper border of the bladder 4 cm above the symphysis pubis; rectal: the prostate gland is enlarged 2/5 times, has a tight-elastic consistency, and is painful. Your treatment tactics.

*Sample answer:*epicystostomy

*Task 16.*Situational task

A 55-year-old patient was diagnosed with prostate adenocarcinoma at stage T1N0M0. What type of surgical treatment is indicated for the patient?

*Sample answer:*radical prostatectomy

*Task 17.*Situational task

A 72-year-old patient notes an intense admixture of blood in the urine; shapeless dark red blood clots are periodically released without pain. For 20 years he worked at a chemical plant producing aniline dyes. What disease do you suspect? Lead tactics.

*Sample answer:*bladder tumor; Additional examination including ultrasound bladder, cystoscopy, bladder biopsy; determination of the treatment method depending on the extent of the process - for non-muscle-invasive bladder cancer (Ta-T1) performing TUR of the tumor, for muscle-invasive bladder cancer (T2-T4) - radical cystectomy

*Task 18.*Situational task U

sick diagnosed histologically confirmed  
low-grade transitional cell cancer of the bladder in the T2NxMx stage, affecting the neck, trigone area and ureteral orifices. What volume of surgical intervention does the patient need to perform?

*Sample answer:*cystectomy with lymphadenectomy and urinary diversion

*Task 19.*Situational task

When examining the boy's external genitalia, it was revealed that the external opening of the urethra is located in the area of the penoscrotal angle. What type of anomaly does the child have? Treatment tactics.

*Sample answer:*hypospadias; plastic surgery of the urethra

*Task 20.*Situational task

A 20-year-old patient was kicked in the perineum while playing football. Urethrorrhagia appeared. Notes the urge to urinate, but cannot urinate on his own. A bulge is identified above the pubis, over which a dull sound is detected upon percussion. There is a perineal hematoma. Blood is released from the urethra. What is your preliminary diagnosis? Treatment tactics.

*Sample answer:*urethral rupture; cystostomy

*Task 21.*Situational task

A 62-year-old patient has noticed a gradual painful increase in the volume of the left half of the scrotum over the past 2 years. Upon examination, the left half of the scrotum is increased in volume by more than 3 times, the skin is not changed, palpation has a tight-elastic consistency, is homogeneous, painless, the testicle is not differentiated from the appendages and elements of the spermatic cord. The diaphanoscopy symptom is positive. The right half of the scrotum with its structural elements is unchanged. Your diagnosis. Lead tactics.

*Sample answer:*hydrocele on the left; plasty of testicular membranes on the left

*Task 22.*Situational task

The patient complained of a painful increase in the volume of the foreskin, the inability to close the head of the penis, which arose after sexual intercourse. On examination: the head of the penis is exposed, swollen, cyanotic. The foreskin is purple-cyanotic in color, sharply swollen, painful. Your diagnosis. Treatment tactics.

*Sample answer:*paraphimosis; it is necessary to reduce it by applying pressure on the head volume, push it under the pinching ring, and if ineffective, carry out surgical dissection of the pinching ring

*Task 23.*Situational task

An 18-year-old patient complained of difficulty urinating and swelling of the preputial sac during urination. On examination: the head of the penis is not

is exposed due to a sharp narrowing of the external opening of the preputial opening of the sac. Your diagnosis. Treatment.

*Sample answer:*phimosis; radical circumcision

*Task 24.*Situational task

A 65-year-old man suddenly developed pain in the left half of the scrotum and his body temperature increased to 39°C With chills. The pain radiates to the groin area and intensifies with movement. On examination, the left half of the scrotum is enlarged, hyperemic, and palpation is sharply painful. Your diagnosis. Treatment.

*Sample answer:*acute orchiepididymitis; antibacterial therapy

*Task 25.*Situational task

A 45-year-old man, on the 3rd day after sexual intercourse, felt pain in the left half of the scrotum. The pain gradually intensified, body temperature increased to 38°C. Upon examination, a testicle with a dense, sharply painful appendage is identified in the left half of the scrotum. Your diagnosis.

*Sample answer:*acute epididymitis; antibacterial therapy

*Task 26.*Situational task

The patient complained of pain in the head of the penis and heavy discharge from the urethra. On examination, the head and foreskin are swollen and hyperemic. Hyperemia is especially pronounced at the external opening of the urethra, discharge from the urethra is profuse and purulent. What is your diagnosis, tactics?

*Sample answer:*acute urethritis; antibacterial therapy

*Task 27.*Situational task

During masturbation, the patient inserted a nail deeply into the urethra, which he was then unable to remove on his own. Soon pain appeared when urinating, and the temperature rose. Upon examination, the penis is enlarged, swollen, and a hard object is palpated approximately in the center. The foreign body was confirmed x-ray. Diagnosis, tactics?

*Sample answer:*urethral foreign body; urethroscopy; removal of a foreign body, if endoscopic removal of a foreign body is impossible - urethrotomy

*Task 28.*Situational task

A patient leading a promiscuous sex life developed local pain in the penis, a burning sensation during urination, and mucopurulent discharge from the urethra. Upon examination, the tissue around the external opening of the urethra is hyperemic and edematous. What is your diagnosis, research methods?

*Sample answer:*sexually transmitted disease; PCR diagnostics.

*Task 29.*Situational task

A young man complains of a dull aching pain in the anus, perineum, sensation of a foreign body in the anus, blood in the ejaculate, intermittency of the stream. During urethroscopy, the seminal tubercle is enlarged, red, and bleeding. What is your diagnosis, tactics?

*Sample answer:*acute prostatitis; Stemi-Mears test; antibacterial therapy

*Task 30.*Situational task

7. Suddenly, a 60-year-old man's body temperature rose to 39°C, developed general weakness, malaise. Chills, thirst, headache, pain above the womb and in the scrotum. The scrotum is swollen, tense, the skin is dark red, areas of softening and fluctuations are visible. What is your diagnosis, tactics?

*Sample answer:*Fournier's gangrene; surgical treatment

*Task 31.*Situational task

The patient complained of a gradual enlargement of the left half of the scrotum, nagging pain in the scrotum, aggravated by movement. Upon examination, the left half of the scrotum is enlarged, round in shape, densely elastic in consistency, painless, the testicle and epididymis cannot be palpated. The external inguinal ring is not changed, the cough impulse is negative, diaphanoscopy reveals a red spot. What is your diagnosis, tactics?

*Sample answer:*hydrocele on the left; surgical treatment

*Task 32.*Situational task

A 10-year-old child suddenly developed a sharp pain in his right testicle while coughing. The pain radiates to the groin area and lower abdomen, the patient feels nauseous and vomits. On examination, asymmetry of the scrotum is noted, the right half is edematous and hyperemic. The testicle is painful, dense, enlarged, located horizontally, pulled towards the root of the scrotum. The spermatic cord is thickened, painful, and there is an abnormal position of the epididymis. What disease can you think about, hospital measures?

*Sample answer:*torsion of the spermatic cord; urgent surgical treatment

*Task 33.*Situational task

A young man, 24 years old, complains of an infertile marriage for 2 years. Upon examination, the left half of the scrotum droops sharply, the surface of the scrotum is not smooth, sharply dilated veins are palpated in the form of a ball of worms. The testicle on the left is reduced in size compared to the right. Azoospermia is determined. What is your diagnosis, tactics?

*Sample answer:*varicocele on the left, hypotrophy of the left testicle; surgical treatment

*Task 34.*Situational task

A patient was brought to the clinic with complaints of blood in the urine and pain in the bladder area that occurs with movement. What is your diagnosis and tactics?

*Sample answer:*urolithiasis, bladder stone; cystoscopy

*Task 35.*Situational task

A 28-year-old man was brought to the emergency room with complaints of acute urinary retention. From the anamnesis it was revealed that the patient had been suffering from urolithiasis for a long time with characteristic attacks of renal colic and spontaneous passage of stones. The last renal colic occurred 3 days ago. What could cause acute urinary retention in this patient.

*Sample answer:*urethral stone

*Task 36.*Situational task

A patient was brought to the emergency room with complaints of severe paroxysmal pain in the left lumbar region radiating to the left half of the abdomen, nausea, and vomiting. He behaves extremely restlessly. What syndrome can you think of? What reasons can cause this condition?

*Sample answer:* Intense paroxysmal pain in the lumbar region with characteristic irradiation to the left half of the abdomen, accompanied by nausea, vomiting, restless behavior of the patient - all this is inherent in the clinical picture of renal colic. The cause of renal colic can be kidney and ureteral stones, salt conglomerates, blood clots, purulent masses, etc.

*Task 37.* Situational task

The patient suffers from urolithiasis with periodic attacks of renal colic. Outside of attacks, urine tests reveal proteinuria, pyuria, and erythrocyturia, but at the time of renal colic, no changes are detected in a general urine test. What explains this phenomenon?

*Sample answer:* In renal colic, the degree of impairment of urine outflow from the kidney can be different: from a complete block of the upper urinary tract to a partial, incomplete violation of the outflow of urine. This patient most likely has a complete block of the upper urinary tract with no urine flow from the kidney to the bladder. With renal colic, only urine from a healthy kidney enters the bladder, so a urine test will be normal. After renal colic is relieved, the outflow of urine is partially restored, and this is what can explain the appearance of pathological changes in it. Therefore, the absence of pathological changes in the urine does not exclude the presence of renal colic in the patient. In difficult diagnostic cases, the use of additional research methods is indicated: echography, survey and excretory urography.

*Task 38.* Situational task

A patient with physical labor developed acute pain in the right half of the abdomen, accompanied by nausea, vomiting, and bloating. In the emergency room, after being in a horizontal position, the pain disappeared. What disease can you think about, what research needs to be done?

*Sample answer:* In a patient, first of all, you need to think about nephroptosis, as cause of obstruction of the outflow of urine from the upper urinary tract in an upright position. The pain in the horizontal position subsided due to the return of the kidney to its normal position and the restoration of urine outflow. It is necessary to prescribe a general urine test, survey and excretory urography in a standing and lying position.

*Task 39.* Situational task

A 42-year-old man came to the clinic with complaints of constant aching pain in the perineal area, radiating to the sacrum and scrotum, and decreased sexual function. What organ disease is characterized by similar symptoms?

*Sample answer:* First of all, you need to think about prostate disease glands, given the young age of the patient. It is necessary to find out the reasons contributing to the development of this disease: past gonorrhoea, trichomoniasis, interrupted, prolonged sexual intercourse. Decisive in the diagnosis of prostate disease is a general urine test, digital transrectal examination of the prostate, diagnostic massage of the prostate gland followed by microscopic examination of prostate secretions.

*Task 40.* Situational task

A 28-year-old man was brought to the emergency room with complaints of acute urinary retention. From the anamnesis it is clear that the patient has been suffering for a long time

urolithiasis with characteristic attacks of renal colic and spontaneous passage of stones. The last renal colic occurred 3 days ago. What could cause acute urinary retention in this patient.

*Sample answer:*In this patient, acute urinary retention could be caused by a stone that has passed into the bladder after renal colic has been relieved and is stuck in one of the narrow places in the urethra. It is necessary to take an overview image of the pelvis; the stone can also be determined with a bougie or a metal catheter, carefully passing the instrument along the urethra (medical manipulation only). However, diagnosis and treatment of urethral stones is best accomplished by emergency urethroscopy.

*Task 41.*Situational task

A patient was brought to the clinic with complaints of blood in the urine and pain in the bladder area that occurs with movement. What is your diagnosis and tactics?

*Sample answer:*Pain in the bladder area that gets worse with movement may indicate the presence of a stone in the bladder, most likely due to bladder outlet obstruction. Hematuria is probably a manifestation of stone injury to the bladder mucosa. However, it is imperative to exclude a bladder tumor in this situation. To clarify the diagnosis, hospitalization of the patient and a complete urological examination (echography, SCT or excretory urography, ascending urethrography and endoscopic examination) are necessary.

*Task 42.*Situational task

A patient was admitted to the hospital with total painless gross hematuria. An objective examination does not reveal signs of the disease. What is your diagnosis, tactics?

*Sample answer:*Total hematuria should be considered as a sign of a tumor until the survey eliminates this assumption. If we are talking about total painless macrohematuria, then the source of bleeding can be: the bladder, ureters, pelvis or the kidneys themselves. In order to determine the source of bleeding, urgent cystoscopy, SCT or survey and excretory urography are indicated.

*Task 43.*Situational task

In the surgical department, 2 patients were operated on for acute complicated appendicitis. When examining blood in one patient, blood urea was 12 mmol/l, blood creatinine was 127  $\mu$ mol/l, and in another, 12 mmol/l and 230  $\mu$ mol/l, respectively. Interpret the results of these studies.

*Sample answer:*In the first patient, blood creatinine is normal, and urea increased due to an extrarenal factor - hypercatabolism against the background of a toxic status. Another patient has an increase in not only urea, but also creatinine, which indicates that the postoperative period was complicated by acute renal failure, which requires appropriate correction.

*Task 44.*Situational task

There is a patient in the urology department with benign prostatic hyperplasia and diabetes mellitus. He is indicated for adenomectomy. The patient's blood glucose level is 9 mmol/l, and the urine contains 3% glucose. Zimnitsky test data 1015 - 1025. Characterize the functional state of the patient's kidneys.

*Sample answer:*At first glance, the concentrating ability of the kidneys is good, however, this conclusion can be made without taking into account the degree of glycosuria. It is known that there is normally no glucose in urine. Appearing in the urine of patients with diabetes, it artificially increases the relative density of urine, so it is necessary to make an adjustment to find out the true value of urine density. 1% urine glucose overestimates the relative density by 0.004, and our patient's urine contains 3%, that is, 3 times more, and  $0.004 \times 3 = 0.012$  must be subtracted from the obtained Zimnitsky test data. Thus, the true relative density of urine is 1003 - 1013, which indicates a significantly reduced concentrating ability of the kidneys. A blood creatinine test is required.

*Task 45.*Situational task

A mother and daughter came to the clinic. Complaints that over the last 3-5 months the child has been drinking a lot of liquids, feeling thirsty, and excreting a lot of urine - up to 3 liters per day. What should you think about in this case, your diagnostic measures?

*Sample answer:*A child has incipidary syndrome when the patient consumes a lot and excretes a lot of fluids. It is characteristic of endocrine pathology (diabetes mellitus, diabetes insipidus) or indicates some kind of kidney disease (primarily glomerulonephritis, pyelonephritis) in the stage of chronic renal failure. The hereditary nature of the disease, the determination of hyperglycemia, glycosuria, and high relative density of urine indicate diabetes mellitus. In diabetes insipidus, polyuria is more pronounced, daily diuresis is up to 5 - 10 liters. In addition to the above, the girl is indicated for a complete urological examination to exclude kidney pathology.

*Task 46.*Situational task

A 33-year-old patient, two days after an out-of-hospital abortion, was taken to the gynecological department with complaints of nausea, headache, chills, decreased urine output, and bleeding from the vagina. Body temperature is 39 degrees, the skin is white, the legs and feet are pasty, blood pressure is 90/60 mm Hg. During catheterization of the bladder, 20 ml of brown urine was released. What pathological process should we think about? What is the examination plan?

*Sample answer:*The patient has symptoms of intoxication - nausea, headache, hyperthermia, decreased diuresis after a community abortion, indicate a complication of criminal abortion by an inflammatory process in the uterus (metroendometritis), sepsis, bacteremic shock, acute renal failure. This is evidenced by a drop in blood pressure and a decrease in diuresis. It is necessary to carry out general blood tests, urine tests, study of urea, creatinine, bilirubin, potassium, sodium in the blood plasma, blood plasma, gynecological examination, and admit the patient to the intensive care unit. Consultation with a urologist is also necessary.

*Task 47.*Situational task

A 62-year-old patient underwent emergency adenomectomy for health reasons due to profuse hematuria. During the operation and in the early postoperative period, the patient received a blood transfusion. In the first days after the operation, attention was drawn to the severity of the condition, which did not correspond to the nature of the surgical treatment, a tendency to hypertension, dry mouth, nausea,



oliguria. What complication might the patient have? What needs to be done to confirm the diagnosis?

*Sample answer:*The patient has signs of developing acute renal failure. Since the patient blood was transfused, it is necessary to recheck the patient's group and Rh factor to exclude blood transfusion that is incompatible with the group or Rh factor. A subrenal cause of acute renal failure is unlikely, since there are no signs of upper urinary tract obstruction or acute pyelonephritis. It is important to urgently examine the blood levels of urea, creatinine, potassium, sodium, acid-rich acid, and perform an echography of the kidneys.

*Task 48.*Situational task

A 45-year-old patient, the next day after drinking a large amount of alcohol, was unable to stand on his left leg due to pain in it, for which he was taken to the surgical department. The left lower limb is moderately swollen, the skin is bluish and tense. The pulse in the popliteal and femoral arteries is weakened. What disease should you think about? Nature of the examination.

*Sample answer:*The patient cannot exclude prolonged compartment syndrome left lower limb. In order to confirm, it is necessary to know the daily diuresis, study the excretory function of the kidneys, prescribe a general blood and urine test, a coagulogram, and Doppler of the vessels of the left lower extremity.

*Task 49.*Situational task

A 27-year-old patient consulted a therapist with complaints of general weakness, poor appetite, headache, pain and cramps in the legs. During two pregnancies, the patient had a history of pregnancy nephropathy; she had been suffering from hypertension for the last 3 years and was taking antihypertensive therapy. Objectively: nutrition is satisfactory. The skin is pale, dry, vesicular breathing is uniform, moist rales from behind, 1 sound at the apex of the heart is increased, systolic murmur at the apex, accent of 2 sounds above the aorta. The abdomen is painful along the intestines. The liver and kidneys are not palpable. Pain in the lower back on both sides. The joints of the lower extremities are not deformed. A general blood test revealed anemia, blood urea was 16 mmol/l. Urinalysis shows pyuria, relative density of urine — 1003 – 1007. What pathology should we think about in the patient?

*Sample answer:*The patient has a picture of classic symptoms of chronic renal failure against the background bilateral renal disease, most likely pyelonephritis. It is necessary to perform an echography of the kidneys, examine creatinine, acid-rich acid, blood calcium, bacteriological examination of urine, and SCT of the kidneys.

*Task 50.*Situational task

A 13-year-old patient has been treated by pediatricians since the age of six for chronic pyelonephritis with little effect. Complains of weakness, poor appetite, dull pain in the lower back, difficulty urinating. Objectively: nutrition is moderately reduced, skin is pale. Pain in the lower back on both sides, the kidneys are not clearly palpable. The bottom of the bladder is determined 5 cm above the pubis. What pathology should we think about? List of necessary studies.

*Sample answer:*The patient has a clinical picture of bladder outlet obstruction, complicated chronic pyelonephritis, chronic urinary retention, possibly chronic renal failure. A complete urological examination in a hospital setting, uroflowmetry,

comprehensive x-ray examination of the lower urinary tract, echography of the kidneys, functional tests of the kidneys, general blood test, urine analysis, SCT or MRI of the kidneys.

*Task 51.* Interview question

What are the principles of treatment for prostatic hyperplasia?

*Sample answer:* Patients with benign prostatic hyperplasia glands may be subject to dynamic observation if: 1) prostate cancer is excluded; 2) lower urinary tract symptoms are mild; 3) the quality of life of patients does not suffer due to existing symptoms. As lower urinary tract symptoms progress, drug therapy for BPH is indicated. Alpha-blockers, 5-alpha reductase inhibitors, and plant extracts are used. Drug therapy is also carried out in the presence of contraindications to surgical treatment and for social reasons (refusal to surgery, etc.). Indications for surgical treatment of BPH are: 1) lack of effect from drug therapy; 2) complications of BPH (acute and chronic urinary retention, recurrence of hematuria, infections and urinary tract stones); 3) the patient's desire; 4) impossibility of drug therapy. Surgical methods for treating BPH include transurethral resection of the prostate, open adenectomy, etc.

*Task 52.* Interview question

What are the principles of treatment for prostate cancer?

*Sample answer:* The nature of treatment depends on the stage of the tumor process. Localized cases of high-grade prostate cancer (T1 - T2T0M0) can be cured by surgery (radical prostatectomy) without additional therapy. External beam radiation therapy is also an effective treatment for early stage prostate cancer. For prostate cancer with metastatic damage to the lymph nodes and other organs, pharmacological treatment is the best method - analogues of pituitary hormone releasing hormone (zoladex, diferelin), antiandrogens (casodex, flutamide), estrogens (sinestrol, phosphostrol, etc.) are prescribed. In the later stages of prostate cancer with developing complications associated with urinary diversion, electrical resection of the prostate (TUR), epicycstostomy, and nephrostomy are used.

*Task 53.* Interview question

What is the doctor's tactics for hematuria arising from kidney cancer? *Sample*

*answer:* Hematuria with a kidney tumor is observed in 60 - 70% of patients. Hematuria is most often "painless" and is not accompanied by urination problems. It most often occurs suddenly, against the background of a satisfactory condition, and passes quickly. If hematuria occurs, endoscopy should be performed immediately to determine the source of bleeding.

*Task 54.* Interview question What is the treatment for penile cancer (PC)?

*Sample answer:* Treatment depends on the stage and location of the tumor. Cancer in situ can be treated conservatively with fluorouracil ointment or neodymium laser ablation. In case of invasive cancer, the completeness of removal within healthy boundaries is important. If the foreskin is affected, simple circumcision is recommended. If the head and distal part of the body are affected, partial amputation of the penis is performed, moving 2 cm from

tumor boundaries. If the proximal part of the organ is affected, a total penectomy with perineal urethrostomy is indicated. In case of metastasis to the inguinal-femoral lymph nodes, a superficial or deep inguinal-femoral dissection is performed. Systemic chemotherapy involves the use of 4 drugs: bleomycin, methotrexate, cisplatin, fluorouracil.

*Task 55.* Interview question What is the treatment for kidney tumor?

*Sample answer:* Radical methods of treating malignant tumors The operations are radical nephrectomy and kidney resection. Even in the presence of metastases, removal of the main lesion can prolong the patient's life. In patients with advanced cancer and multiple metastases, targeted therapy is possible, which achieves subjective and objective improvement in 40–45% of patients.

*Task 56.* Interview question What are the therapeutic measures for renal colic?

*Sample answer:* It is advisable to begin treatment with NSAID injections (ketonal, ketorol), and if ineffective, the introduction of narcotic analgesics (promedol).

*Task 57.* Interview question

What are the treatment measures for acute urinary retention? *Sample answer:*

Patients with acute urinary retention need immediate emptying of the bladder. Treatment should begin with bladder catheterization. If a soft and elastic catheter cannot be passed into the bladder, catheterization with a metal catheter must be attempted. If the metal catheter fails, the patient should be hospitalized. In the absence of bleeding from the bladder, and with confidence that there is no stone in it, a trocar or conventional cystostomy is performed, which largely depends on the cause of urinary retention and the need for bladder revision.

*Task 58.* Interview question What is the doctor's tactics for kidney injury?

*Sample answer:* A patient with suspected kidney injury should be immediately hospitalized. Conservative treatment is indicated for mild injuries, when the patient's general condition is satisfactory, there is no profuse hematuria, symptoms of internal bleeding, signs of hematoma growth and urinary infiltration. Indications for surgical treatment are: combined injury of the kidney and abdominal organs, increasing signs of internal bleeding, development of shock, rapid increase in perinephric hematoma, intense and prolonged hematuria, anemia of the patient, development of acute pyelonephritis or paranephritis, increasing hyperazotemia.

*Task 59.* Interview question What is the treatment for bladder injuries?

*Sample answer:* Treatment of bladder injuries is only surgical - laparotomy.

*Task 60.* Interview question

What is the doctor's treatment tactics for urethral trauma?

*Sample answer:* A patient with a urethral injury should be hospitalized. At For incomplete ruptures, a urethral catheter can be installed. For complete ruptures - urine diversion by cystostomy, drainage of urohematoma, passage of a Foley catheter through the urethra, primary urethral suture.

*Task 61.* Interview question

What is the treatment strategy for uncomplicated acute pyelonephritis (AP)?

*Sample answer:* With uncomplicated AP and the absence of significant signs toxic syndrome, empirical antibiotic therapy is recommended to begin with oral fluoroquinolones or cephalosporins. Patients with toxic syndrome (fever > 38 °C, nausea, vomiting, diarrhea) are recommended to be hospitalized and given parenteral antibiotics, including fluoroquinolones, aminoglycoside (with or without ampicillin), extended-spectrum cephalosporins or penicillins. After improvement of the clinical condition (normalization of body temperature, ability to take fluids orally), you can switch to oral antibiotics. After receiving the results of a urine culture test and the sensitivity of bacteria to antibiotics, the patient is transferred from empirical to etiotropic antibiotic therapy for up to 2 - 3 weeks. general use of antibacterial drugs.

*Task 62.* Interview question

What are the treatment tactics for complicated acute pyelonephritis (AP)?

If a patient is diagnosed with complicated AP, hospitalization is indicated; urine outflow from the kidneys is restored using a ureteral catheter/stent or percutaneous puncture nephrostomy, and in case of urinary retention - with a urethral catheter. Only after this is IV antibiotic therapy prescribed. Combinations of drugs are recommended as empirical therapy: amoxicillin + aminoglycoside; 2nd generation cephalosporin + aminoglycoside; 3rd generation cephalosporin + aminoglycoside. In cases of severe complicated AP and multidrug-resistant strains, carbapenems (imipenem/cilastatin, meropenem, doripenem) and new antimicrobial drugs (ceftazidime/avibactam, ceftolozane/tazobactam) are prescribed. Typically, the duration of parenteral treatment is 7–14 days, after which the patient is transferred to oral treatment for 10–14 days. In addition to antibacterial treatment, analgesics (NSAIDs) are used for pain, antimimetics for vomiting, etc.

*Task 63.* Interview question

What are the treatment tactics for uncomplicated acute cystitis?

For acute uncomplicated cystitis, antibacterial therapy is recommended. First-line drugs include fosfomycin trometamol (3 g once) or nitrofurantoin (nitrofurantoin macrocrystals 100 mg 4 times a day for 5 days, nitrofurantoin monohydrate/ macrocrystals 100 mg 2 times a day for 5 days). As an alternative, you can use cephalosporins (cefadroxil 500 mg 2 times a day for 3 days). In men, trimethoprim/ sulfamethoxazole 160/800 mg 2 times a day for 7 days can be used. If symptoms do not go away during the course of treatment or within 2 weeks. a relapse occurs, a bacteriological examination of urine is indicated to determine

antibiotic sensitivity. In such situations, an additional 7-day course of etiologic antibiotics should be administered.

*Task 64.* Interview question

What are the treatment tactics for gonorrheal urethritis?

For gonorrheal urethritis, ceftriaxone 1 g intramuscularly once + azithromycin 1 g orally once is recommended. In cases of chlamydial and mycoplasma urethritis, azithromycin is most effective, and in cases of ureaplasma and unidentified pathogens, doxycycline is preferable. Metronidazole or tinidazole are indicated for trichomonas urethritis. Thus, the choice of therapy depends on the identified pathogen, and it is advisable to take into account individual resistance. Sexual partners should also undergo treatment while maintaining confidentiality, and sexual relations should be protected with a condom.

*Task 65.* Interview question What are the treatment tactics for acute prostatitis?

Empiric antibiotic therapy is indicated for all patients with acute prostatitis. Since acute prostatitis is considered a complicated infection, it is necessary to use high doses of bacterial antibiotics parenterally: broad-spectrum penicillins, or 3rd generation cephalosporins, or fluoroquinolones in combination with aminoglycosides. Empirical antibiotic therapy is selected based on the most likely pathogen. For young, sexually active men, a combination of two antibiotics against enterobacteria and chlamydia is recommended (fluoroquinolone + doxycycline for 14 days), for older men without sexual risk factors - only fluoroquinolone. If gonorrhea is suspected, ceftriaxone + doxycycline is prescribed. It is important to take a sufficient amount of fluid and monitor the adequacy of bladder emptying. In case of acute urinary retention, cystostomy is necessary. After normalization of body temperature, the patient is transferred to oral therapy for 2-4 weeks. If an abscess develops, drainage is indicated.

*Task 66.* Interview question What are the main trailers for treating failure (TDR)?

postrenal                      acute                      renal

In postrenal acute renal failure, the first priority is drainage of the upper urinary tract, which leads to the development of polyuria, which requires appropriate correction

*Task 67.* Interview question

What are the main treatment trailers for chronic renal failure (CRF)? Basic principles of treatment of CKD: 1) control of the underlying disease 2) diet with limited protein, potassium, phosphates, vitamin D supplements; 3) treatment of anemia; 4) treatment of concomitant diseases (diabetes mellitus, benign prostate hyperplasia, urolithiasis, heart failure); 5) doses of medications should be clarified; 6) with severe symptoms and signs of inadequacy of therapy, switch to dialysis; 7) maintaining a normal level of sodium bicarbonate (23 - 29 mmol/l).

*Task 68.* Interview question Surgical treatment of urolithiasis (UCD).

Surgical treatment of urolithiasis is multivariate, depending both on the characteristics of the stone and the general health of the patient. Currently, three surgical methods are most applicable: external shock wave lithotripsy, percutaneous nephrolithotripsy, endoscopic ureterolithotripsy.

*Task 69.* Interview question

Percutaneous nephrolithotripsy (PCNL): indications, basic techniques. PCNL is the standard of care for the treatment of large and staghorn kidney stones. The operation is performed with the patient lying on his back or stomach. After puncture of the pelvis, dilatation of the wound channel is carried out in order to insert a rigid or flexible nephroscope measuring 24 - 30 Ch into the kidney. Stone fragmentation is performed using an ultrasonic, pneumatic or laser lithotripter. As the stone is crushed, its fragments are removed. The operation in most cases is completed by inserting a tubular drainage (nephrostomy) into the pelvis, but the surgeon may leave only a ureteral stent for drainage of the pelvis.

*Task 70.* Interview question

First line of treatment for erectile dysfunction (ED).

The generally accepted and most convenient for patients is the use of PDE-5 inhibitors as the first line of treatment. These include sildenafil, tadalafil, vardenafil and avanafil, the first three of which have been widely used in Russia for more than 15 years. PDE-5 inhibitors cause relaxation of the smooth muscles of the arteries and arterioles of the penis, thus increasing arterial inflow by 10–20 times, but in the presence of sexual stimulation. The effectiveness of the drug is determined by the achievement of penile rigidity sufficient for intromission and frictions.

*Task 71.* Interview question Drug therapy for premature ejaculation (PE).

Drug therapy for PE is extremely limited. Dapoxetine is a serotonin reuptake inhibitor that can increase the latent period by 2.5–3 times when taken 1–2 hours before sexual intercourse. To delay ejaculation, local anesthetics (lidocaine + prilocaine cream) are applied to the head and shaft of the penis, which makes it possible to lengthen the friction time by 1 to 7 minutes.

*Task 72.* Interview question Treatment tactics for simple kidney cysts.

Treatment of a simple cyst is undertaken in case of hemorrhage in it, suppuration, or obstruction of the ureter. This usually involves resection of the extrarenal cyst wall using a laparoscopic approach. Surgical treatment is also absolutely indicated for cysts of types III and IV according to Bosniak, in compliance with oncological principles.

*Task 73.* Interview question

Treatment tactics for vesicoureteral reflux (VUR).

Treatment of PMR, if it is primary, should initially be therapeutic and aimed at preventing urinary tract infections, pyelonephritis and long-term consequences such as arterial hypertension and kidney shrinkage. Treatment includes regulating the frequency of urination, drinking regimen, and taking antibacterial drugs. If within 12 - 18 months. there were no relapses of pyelonephritis, then take

antibiotics should be discontinued. If treatment is ineffective for grades I–II VUR, surgical treatment is indicated; it is also used for grades III–V reflux and includes endoscopic injection of a volume-forming drug (polyalcohol polyacrylate copolymer, polyacrylamide gel, hyaluronic acid dextranomer) into the area of the ureteral orifice. In case of ineffectiveness and relapse, perform open or laparoscopic/robot-assisted reimplantation of the ureter using the intravesical or extravesical method. In extremely rare cases, with severe hydronephrosis and sepsis, it is necessary to resort to temporary urine diversion with subsequent reimplantation of the ureter.

*Task 74.* Interview question

Treatment tactics for hypospadias.

Urethroplasty is recommended at the age of 2–3 years to promote the normal psychological development of the child. Restoration of distal forms of hypospadias must be carried out in one stage of surgery using a skin flap from the foreskin to lengthen the urethra. For proximal forms of hypospadias, a transplant from the oral mucosa is recommended as a plastic material; the operations are two-stage.

*Task 75.* Interview question Treatment tactics for undescended testis (AE).

Treatment of AE should begin at 6 months, since after this age the testicles rarely descend. It is recommended to complete any type of treatment by 12 months, but no later than 18 months. due to the risk of damage to spermatogenesis and hormone secretion in adults, as well as the risk of tumor development. Drug therapy involves intramuscular injection of hCG or the use of a nasal spray of gonadotropin-releasing hormone analogues (buserelin, gonadorelin). For AE, surgical orchipexy is considered the method of choice; for a palpable testicle, an inguinal or scrotal approach is used, and for the abdominal form, treatment begins with diagnostic laparoscopy and two-stage orchipexy according to Fowler-Stevens. When AEs are detected in adolescents after puberty and in adult men and a normal second testicle, it is important to discuss the possibility of testicular removal with the patient and his parents before surgery due to the risk of tumor development.

**CRITERIA for assessing competencies and rating scales**

<b>Grade "unsatisfactory" (not accepted) or absence formation competencies</b>	<b>Grade "satisfactorily" (passed) or satisfactory (threshold) level of development competencies</b>	<b>Rated "good" (passed) or sufficient level development competencies</b>	<b>Excellent rating (passed) or high level development competencies</b>
failure to student on one's own demonstrate knowledge when solving assignments, lack independence in application of skills.	student demonstrates independence in application of knowledge skills and abilities to solve educational tasks in full According to	student demonstrates independent application of knowledge, skills and abilities when deciding tasks, tasks similar	student demonstrates ability to full independence in choosing a method solutions non-standard

Absence availability confirmation formation competencies indicates negative development results academic discipline	sample given teacher, by tasks, solution of which there were shown teacher, it should be considered that competence formed on satisfactory level.	samples that confirms Availability formed competencies for higher level. Availability such competence on sufficient level indicates sustainable fixed practical skill	assignments within disciplines with using knowledge, skills and skills, received as in development progress of this discipline, and adjacent disciplines should count competence formed on high level.
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**Criteria for assessing test control:**

percentage of correct answers	Marks
91-100	Great
81-90	Fine
70-80	satisfactorily
Less than 70	unsatisfactory

**Interview assessment criteria:**

Mark	Descriptors		
	strength of knowledge	ability to explain (represent) entity phenomena, processes, draw conclusions	logic and sequentially <small>there is an answer</small>
Great	strength of knowledge, knowledge of basic processes subject matter being studied areas, the answer differs in depth and completeness disclosure of the topic; knowledge of terminological apparatus; logic and consistency answer	high ability to explain the essence, phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, give examples	high logic sequentially no answer
Fine	solid knowledge of the basic processes of the studied subject area, differs in depth and completeness of the topic; possession terminological apparatus; free mastery of monologue speech, but one or two inaccuracies in the answer are allowed	ability to explain essence, phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, give examples; however one or two inaccuracies in the answer are allowed	logic and sequentially no answer
satisfactory <small>really</small>	satisfactory knowledge of the processes being studied subject area, answer, different insufficient depth and	satisfactory ability to give reasoned answers and give examples; satisfactorily	satisfactory logical and sequentially no answer



	completeness of the topic; knowledge of basic theoretical issues. Several are allowed errors in content answer	developed skills analysis of phenomena, processes. Several are allowed errors in content answer	
will not satisfy really	poor knowledge of the subject area being studied, shallow opening Topics; poor knowledge basic theoretical issues, poor analysis skills phenomena, processes. Serious errors in content answer	inability to give reasoned answers	absence logic and sequentially no answer

**Criteria for assessing situational tasks:**

Mark	Descriptors			
	understanding Problems	analysis situations	solution skills situations	professional thinking
Great	full understanding problems. All requirements, submitted to adania, completed	high benefit analyze situation, draw conclusions	high benefit select method solutions to the problem, true skills solutions to the situation	high level professional thoughts
Fine	full understanding problems. All requirements, submitted to adania, completed	benefit analyze situation, draw conclusions	benefit select method solutions to the problem true skills solutions to the situation	residual level professional thoughts. one goes down - there are inaccuracies in reply
satisfactory really	astastic implication problems. majority requirements declared to adania, completed	please satisfy nyaya benefit analyze situation, draw conclusions	satisfactory solution skills situations, falsity with choosing a method solutions to the problem	residual level professional thoughts. falls more a bunch of inaccuracies in reply or error  sequences solutions
will not satisfy really	misunderstanding problems. many requirements, submitted to I hope not completed. No Tveta. Did not have experiments to solve hello	izkaya benefit analyze situation	insufficient solution skills situation	missing