

1. A 32-year-old woman has a 0.5 cm vaginal mesh exposure one year following sling placement. There is no urinary tract involvement. Although she has occasional spotting, she is continent and neither she nor her sexual partner are bothered by the mesh. The next step is:
 - A. observation.
 - B. abstain from sexual intercourse until the mesh is epithelialized over.
 - C. local hormone therapy.
 - D. vaginal excision of exposed mesh.
 - E. remove the entire sling and perform an urethral bulking injection.

2. A 42-year-old man is unable to void following a straddle injury. Physical examination reveals blood at the meatus and a large perineal hematoma. Retrograde urethrography reveals a complete bulbar urethral disruption with contrast extravasation. The next step is:
 - A. urethral catheter placement.
 - B. suprapubic tube placement.
 - C. flexible cystoscopy with urethral realignment.
 - D. open cystotomy and antegrade urethral realignment.
 - E. perineal exploration and repair.

3. A patient has a transscrotal orchiectomy for a 3 cm testicular mass. At the time of exploration, there is violation of the tunica vaginalis. Pathology is pure seminoma. Chest and abdominal CT scan and serum markers are negative. The next step is:
 - A. surveillance.
 - B. retroperitoneal XRT.
 - C. retroperitoneal XRT including the groin and hemiscrotum.
 - D. excision of scrotal scar and retroperitoneal XRT.
 - E. three cycles of BEP.

4. The effect of finasteride on serum and intraprostatic testosterone is:
 - A. Serum Testosterone: ↑ Intraprostatic Testosterone: ↑
 - B. Serum Testosterone: ↔ Intraprostatic Testosterone: ↔
 - C. Serum Testosterone: ↓ Intraprostatic Testosterone: ↓
 - D. Serum Testosterone: ↑ Intraprostatic Testosterone: ↓
 - E. Serum Testosterone: ↔ Intraprostatic Testosterone: ↑

5. A 21-year-old man receives a stem cell transplant with high-dose salvage chemotherapy for a Stage III NSGCT refractory to primary chemotherapy. After his salvage chemotherapy, his markers normalize and his CT scan is shown. The next step is:
- A. observation.
 - B. PET scan.
 - C. percutaneous biopsy.
 - D. two additional cycles of chemotherapy.
 - E. RPLND.



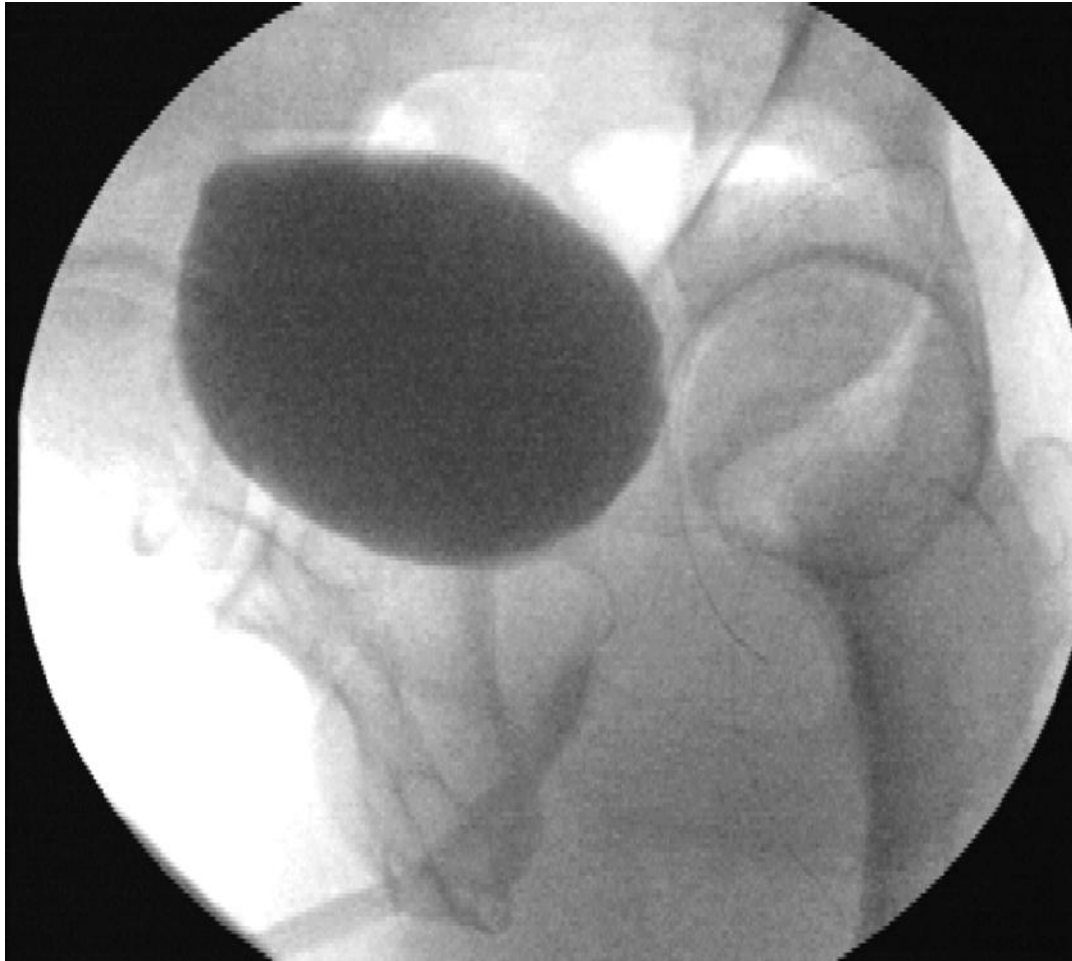


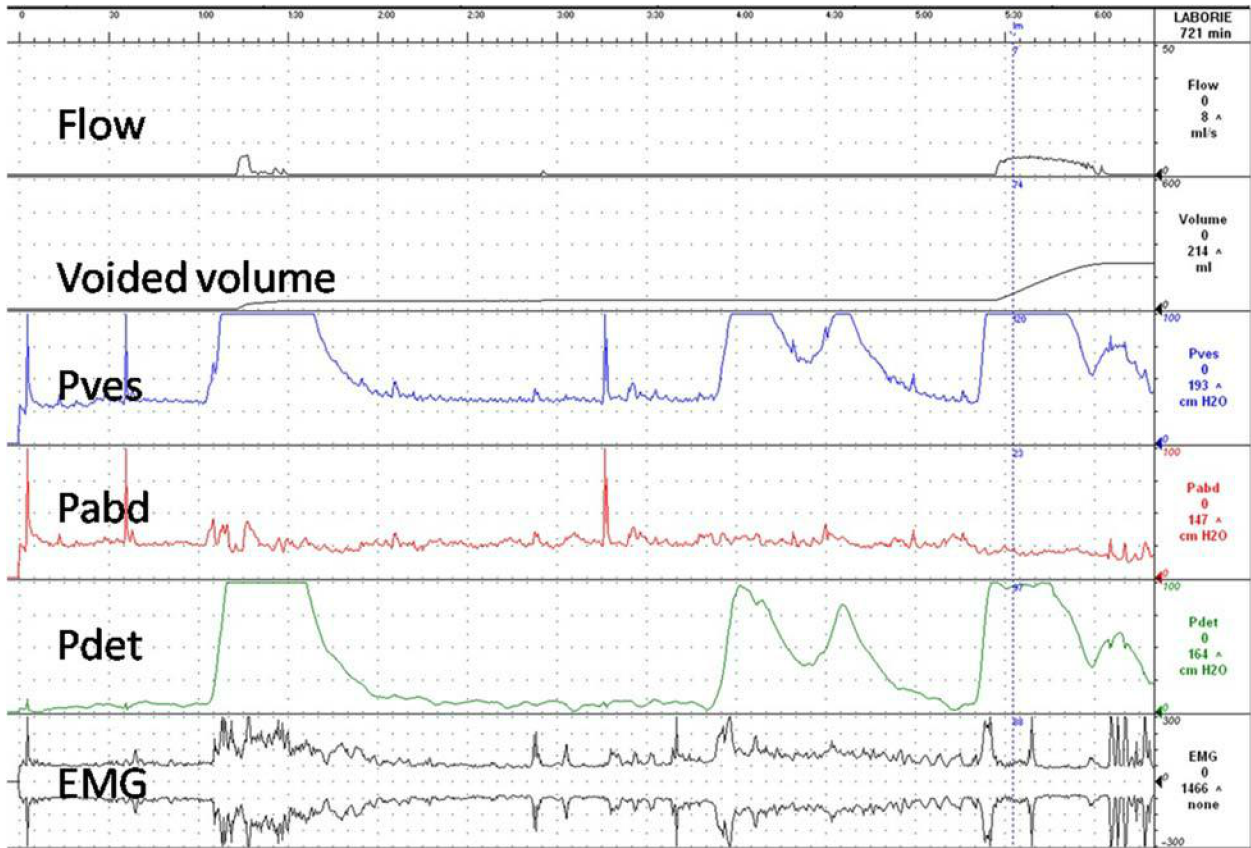
6. A 56-year-old man undergoes a radical cystoprostatectomy and orthotopic neobladder. Long-term preservation of renal function is most dependent on:
- A. preferential use of ileum over colon.
 - B. use of > 60 cm of detubularized bowel.
 - C. performance of an antirefluxing ureteroileal anastomosis.
 - D. intraoperative neobladder capacity of ≥ 500 ml.
 - E. postoperative avoidance of any bacteriuria.
7. A 63-year-old man undergoes partial nephrectomy in a solitary kidney. The renal artery is clamped for 40 minutes without the use of surface hypothermia. Postoperatively, the creatinine rises from 1.5 mg/dl to 2.5 mg/dl. The renal structure most likely to have been injured is:
- A. cortical collecting duct.
 - B. distal convoluted tubule.
 - C. juxtaglomerular apparatus.
 - D. proximal convoluted tubule.
 - E. medullary thick ascending loop of Henle.

8. A 34-year-old man and his 29-year-old wife have a two year history of infertility. His physical exam is normal. Semen analysis reveals a volume of 2 ml, sperm 23 mil/ml, 2% motility, and 12% normal morphology. Repeat analysis is similar. The next step is:
- A. sperm viability assay.
 - B. testosterone and FSH levels.
 - C. karyotype and Y chromosome microdeletion testing.
 - D. scrotal ultrasonography.
 - E. testicular sperm extraction.
9. A morbidly obese 72-year-old man undergoes XRT for prostate cancer complicated by a urethral stricture requiring multiple direct visual internal urethrotomies. He subsequently develops BCG refractory CIS of the bladder cancer and chooses to undergo cystectomy. The risk factor that makes him an unacceptable candidate for orthotopic diversion is:
- A. prior XRT.
 - B. morbid obesity.
 - C. urethral stricture disease.
 - D. age.
 - E. presence of CIS.
10. A 47-year-old woman undergoes an abdominal sacrocolpopexy and a suburethral sling procedure. She is a nonsmoker and does not use estrogen replacement therapy. She is not obese. Recommended DVT prophylaxis is:
- A. early ambulation only.
 - B. pneumatic compression device only.
 - C. heparin 5000 units subcutaneous every eight hours starting after surgery.
 - D. heparin 5000 units subcutaneous every 12 hours starting after surgery.
 - E. heparin 5000 units subcutaneous every 24 hours starting after surgery.
11. A 25-year-old man is evaluated as a potential living renal donor to his sister. Arteriography shows a single artery to each kidney. A left donor nephrectomy is undertaken and at surgery, a second unsuspected 1.5 mm diameter artery to the lower pole is found 5 mm inferior to the main renal artery. The best management is:
- A. ligation of the polar artery.
 - B. use of a donor aortic patch encompassing both arteries.
 - C. use of a donor aortic patch encompassing the polar artery.
 - D. ex vivo anastomosis of the polar to the main renal artery.
 - E. ex vivo anastomosis of both arteries to a Dacron patch.

12. A 25-year-old woman experiences recurrent UTIs following sexual activity. Cultures with each episode reveal pan-sensitive E. coli. Each symptomatic episode has been treated for 14 days with nitrofurantoin. Five days after completing her most recent treatment, catheterized urine is sterile, PVR is negligible, and pelvic exam is normal. If she experiences another UTI, the next step is:
- A. retreat with nitrofurantoin and counsel the patient to drink more fluids, improve hygiene, and void after intercourse.
 - B. treat with three days of trimethoprim-sulfamethoxazole.
 - C. renal bladder ultrasound.
 - D. renal bladder ultrasound and cystoscopy.
 - E. renal bladder ultrasound, cystoscopy, and localization cultures.
13. A distal urethral perforation occurs during insertion of a malleable penile prosthesis. The contralateral cylinder has not been placed. The next step is:
- A. place urethral catheter and complete the implantation.
 - B. repair urethra and implant the contralateral prosthesis.
 - C. repair urethra and place a suprapubic tube only.
 - D. repair urethra, proceed with implantation, and place a suprapubic tube.
 - E. place urethral catheter and terminate the procedure.
14. A 27-year-old man with a C5 spinal cord injury has recurrent problems with sediment and clogging of his indwelling urethral catheter despite frequent catheter changes. The next step is:
- A. urine culture to identify urease producing organism.
 - B. daily acetic acid irrigation.
 - C. placement of a large lumen suprapubic tube.
 - D. non-contrast CT scan.
 - E. cystoscopy.
15. A 58-year-old woman undergoes an uncomplicated laparoscopic right adrenalectomy for a 6 cm cortisol hypersecreting right adrenal mass. On postoperative day two, she has a low-grade fever, nausea, vomiting, hypotension, and abdominal pain. The next step is:
- A. 24-hour urine-free cortisol measurement.
 - B. measurement of plasma metanephrine levels.
 - C. hydrocortisone therapy.
 - D. broad-spectrum antibiotics.
 - E. exploratory laparotomy.

16. A 45-year-old neurologically normal man has worsening urinary incontinence for several years. Videourodynamic study is shown with the voiding image. The diagnosis is:
- A. striated sphincter dyssynergia.
 - B. stress urinary incontinence.
 - C. bulbar urethral stricture disease.
 - D. detrusor overactivity with impaired contractility.
 - E. bladder neck obstruction.





17. Three months following a bilateral nerve sparing radical prostatectomy, a 65-year-old man has erectile dysfunction. He has failed oral therapy and wishes not to pursue intracavernosal injection therapy. He attempts intraurethral alprostadil 1000 mcg. The most likely occurrence is:
- A. inadequate erection.
 - B. penile pain.
 - C. headache.
 - D. hypotension.
 - E. urethral bleeding.
18. An adverse prognostic feature not included in the Motzer Criteria for patients with metastatic RCC is:
- A. Karnofsky performance status (KPS) < 80%.
 - B. elevated LDH.
 - C. thrombocytopenia.
 - D. prior nephrectomy.
 - E. hypercalcemia.
19. The imaging study providing the best sensitivity and specificity for assessing bony metastatic disease in men with high-risk prostate cancer is:
- A. plain film tomography.
 - B. CT scan with bone windows.
 - C. ^{99m}Tc-MDP bone scan.
 - D. ¹⁸F-fluoride PET scan.
 - E. single-photon emission computed tomography (SPECT) scintigraphy.
20. A 32-year-old man with infertility has unilateral absence of the vas deferens and 28 ml testes. Semen analysis reveals a volume of 0.5 ml, azoospermia, and pH of 6.4. FSH is 4.9 IU/l. Transrectal ultrasound reveals ipsilateral seminal vesicle agenesis and contralateral seminal vesical hypoplasia. Genetic testing is normal. The next step is:
- A. renal ultrasonography.
 - B. scrotal exploration with vasography.
 - C. scrotal ultrasound.
 - D. sweat test.
 - E. testis biopsy.
21. A 50-year-old smoker with gross hematuria has a 1 cm left mid-ureteral filling defect on CT urography. The lesion is biopsied and laser ablated ureteroscopically. Histology reveals an inverted papilloma. The next step is:
- A. no further treatment or follow-up.
 - B. long-term antibiotics.
 - C. surveillance of the bladder and upper tracts.
 - D. segmental ureterectomy.
 - E. left nephroureterectomy.

22. A 40-year-old woman has urine draining from a port site three days following laparoscopic assisted vaginal hysterectomy. Cystogram is shown and bilateral retrograde pyelograms are normal. The next step is:
- A. prolonged catheter drainage.
 - B. bilateral percutaneous nephrostomies.
 - C. exploratory laparotomy.
 - D. transvaginal repair.
 - E. place pelvic drain.



23. A 27-year-old gunshot victim has a short upper ureteral injury and a splenic injury. During exploratory laparotomy, his vital signs are unstable with significant hypotension despite management of the splenic injury. No other acute injuries are present. The next step in management of his ureteral injury is:
- A. retrograde ureterogram and placement of a ureteral stent.
 - B. excision of injured segment and ureteroureterostomy.
 - C. transureteroureterostomy.
 - D. ligation of ureter and percutaneous nephrostomy.
 - E. nephrectomy.

24. A 60-year-old smoker has a highly suspicious voided urinary cytology. CT urogram is normal. Cystoscopy, bladder biopsy, and bilateral retrograde pyelograms are normal. Selective left upper tract cytologies are highly suspicious for malignancy. The next step is:
- A. repeat cystoscopy, biopsy, retrograde pyelography, and selective cytologies in three months.
 - B. repeat left ureteral washings for fluorescent in-situ hybridization (FISH).
 - C. left ureteropyeloscopy.
 - D. left ureteral stent and intravesical BCG.
 - E. left percutaneous nephrostomy and antegrade BCG therapy.
25. A 52-year-old man develops abrupt and severe hypertension. He is poorly controlled with an ACE inhibitor, calcium channel blocker, diuretic, and minoxidil. None of these medications can be safely withheld. Serum creatinine is 1.3 mg/dl. The best way to evaluate for renovascular hypertension is:
- A. captopril plasma renin activity test.
 - B. unstimulated plasma renin activity test.
 - C. captopril renography.
 - D. duplex ultrasound.
 - E. diuretic renography.
26. A 65-year-old woman with controlled flank pain has an opaque 6 mm distal right ureteral stone. Urine pH is 6.0. She has no pyuria, fevers, or chills. She is scheduled to undergo cataract surgery in four weeks. The next step is:
- A. corticosteroids.
 - B. tamsulosin.
 - C. sodium bicarbonate.
 - D. ureteral stent.
 - E. ureteroscopic extraction.
27. Screening for RCC in patients with ESRD should be reserved for patients:
- A. with significant comorbidities.
 - B. initiating hemodialysis.
 - C. with a history of obesity and tobacco abuse.
 - D. who have undergone at least three years of dialysis.
 - E. with autosomal dominant polycystic kidney disease.

28. A 55-year-old man has flank and bladder pain with a ureteral stent after uncomplicated ureteroscopy. The next step is analgesics and:
- A. oxybutynin.
 - B. nifedipine.
 - C. tamsulosin.
 - D. prednisone.
 - E. phenazopyridine.
29. A 58-year-old woman returns to the office two months following sacral neuromodulation with a low grade fever and incisional drainage associated with pain and erythema over the implantable pulse generator (IPG) site. The next step is explantation of the:
- A. IPG only.
 - B. IPG and lead.
 - C. IPG, wound irrigation and cleansing with antibiotic solution, and reimplantation of the IPG.
 - D. IPG and lead with simultaneous test stimulation of a new lead.
 - E. IPG with simultaneous placement of an IPG on the contralateral side.
30. A 35-year-old woman with no significant findings on medical history has a non-contrast CT scan performed for right flank pain. A 2 cm left adrenal mass (5 HU) is identified. The next step is:
- A. observation.
 - B. repeat CT scan in three months.
 - C. biochemical work-up.
 - D. percutaneous biopsy.
 - E. gadolinium enhanced MRI scan.
31. The coagulation of human semen is dependent on:
- A. seminal vesicle-specific antigen.
 - B. PSA.
 - C. calcium.
 - D. fibrinogen.
 - E. factor XII.
32. A 12-year-old boy has painless terminal gross hematuria. Physical examination is normal. Urinalysis shows 3-5 RBC/hpf. Urine culture is negative. The next step is:
- A. observation.
 - B. urine calcium to creatinine ratio.
 - C. non-contrast CT scan.
 - D. VCUG.
 - E. cystoscopy.

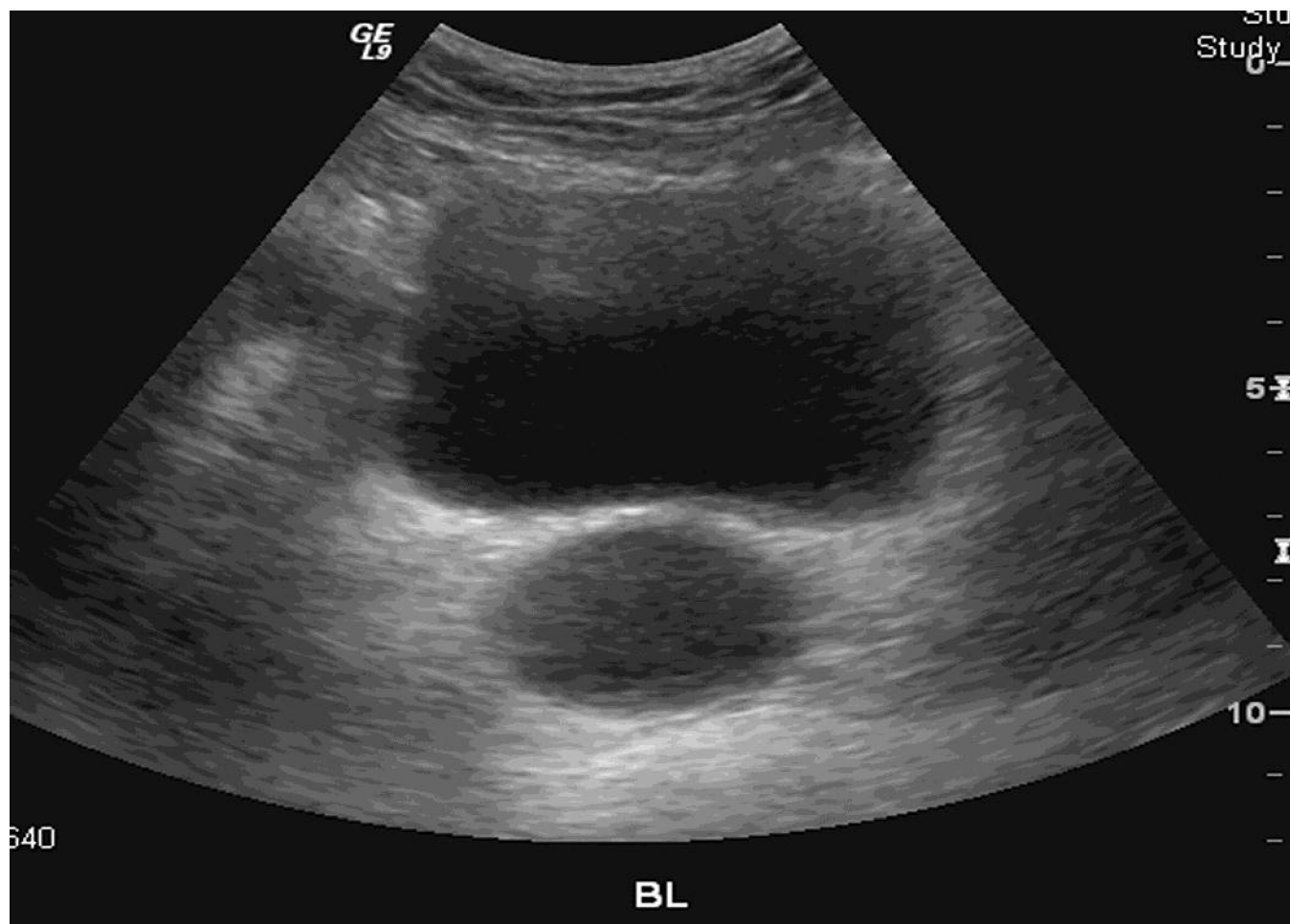
33. A 49-year-old man with a continent cutaneous reservoir has a KUB as shown. He has good continence. Serum creatinine is 1.4 mg/dl. Split renal function by renal scintigraphy is 10% right, 90% left. The next step is:
- A. open extraction of reservoir stones.
 - B. percutaneous extraction of reservoir stones.
 - C. percutaneous extraction of reservoir and renal stones.
 - D. open extraction of reservoir stones and right nephrectomy.
 - E. revision of reservoir and right nephrectomy.



34. A 55-year-old woman has new onset moderate left hydronephrosis on non-contrast CT scan. Twenty years earlier, she underwent cystectomy and ileal conduit for a neurogenic bladder. Her serum creatinine is 1.4 mg/dl. The next step is:
- A. observation.
 - B. urine cytology.
 - C. loopogram.
 - D. percutaneous nephrostomy.
 - E. looposcopy with catheterization of the left ureter.
35. A 26-year-old infertile man has an ejaculate volume of 0.9 ml, sperm count of 10 million/ml, and 20% motility. Physical examination and hormonal evaluation are normal. The next step is:
- A. antisperm antibody testing.
 - B. semen culture.
 - C. post-ejaculatory urinalysis.
 - D. TRUS.
 - E. scrotal Doppler ultrasonography.
36. A 70-year-old man is undergoing radical cystectomy and continent orthotopic urinary diversion for muscle-invasive high-grade urothelial carcinoma. During lymphadenectomy, a suspicious, firm 1.5 cm positive external iliac lymph node is confirmed to be positive for metastasis. The next step is:
- A. abort surgery and treat with chemotherapy and XRT.
 - B. abort surgery and treat with chemotherapy followed by cystectomy.
 - C. perform lymphadenectomy and treat with chemotherapy and XRT.
 - D. complete surgery but perform an ileal conduit urinary diversion.
 - E. complete surgery as planned.
37. Three months after placement of a three-piece inflatable penile prosthesis, a patient has persistent penile shaft pain with inflation. Physical examination of the penis and scrotum is normal. The next step is:
- A. pelvic and scrotal MRI scan.
 - B. cystourethroscopy.
 - C. 500 mg cephalexin BID for 30 days.
 - D. glansplasty.
 - E. revision of reservoir with a lock out valve.
38. In patients with uric acid stones, the primary underlying metabolic defect is:
- A. hyperuricosuria.
 - B. hyperuricemia.
 - C. low urine pH.
 - D. low urine volume.
 - E. RTA.

39. A seven-year-old boy has had multiple repairs for penoscrotal hypospadias. He has recurrent lower UTIs and post-void dribbling. A renal ultrasound is normal. A pelvic ultrasound is shown. The most likely diagnosis is:

- A. cecoureterocele.
- B. ectopic ureter.
- C. Cowper's duct cyst.
- D. prostatic utricle.
- E. bladder diverticulum.



40. A 45-year-old man undergoes a partial penectomy for a 3 cm, grade 3, squamous cell carcinoma of the penis. Pathology reveals invasion of the corpus cavernosum and negative margins. On exam, he has matted firm 6 cm right inguinal lymph nodes and a CT scan of the chest, abdomen, and pelvis reveals right sided inguinal adenopathy but no other metastases. The next step is:

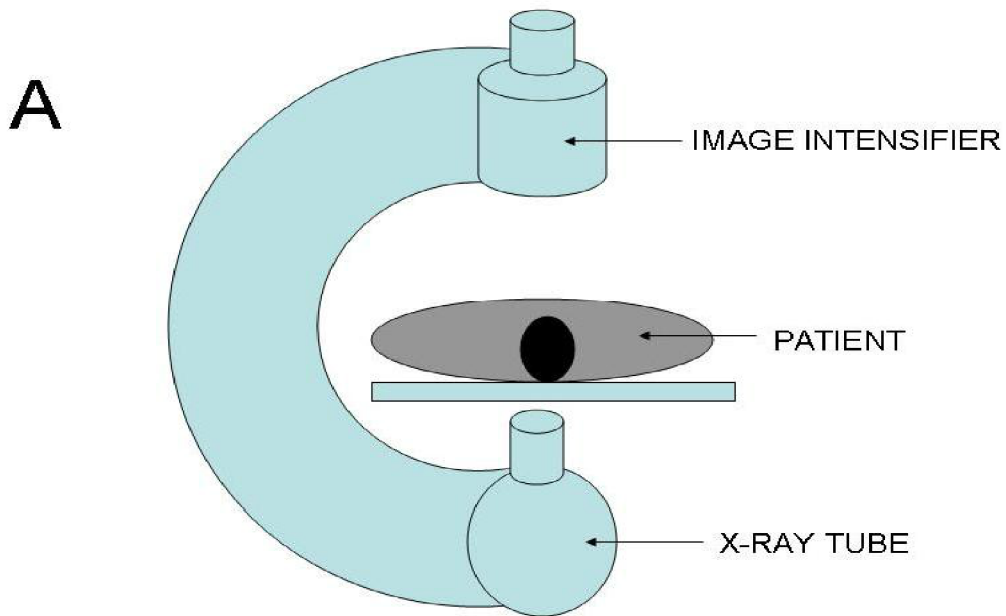
- A. percutaneous biopsy of the inguinal lymph nodes.
- B. right inguinal lymph node dissection.
- C. bilateral inguinal lymph node dissection.
- D. bilateral inguinal and pelvic lymph node dissection.
- E. neoadjuvant chemotherapy.

41. Pyospermia in an infertile man commonly suggests:
- A. a sexually transmitted infection.
 - B. UTI.
 - C. antisperm antibodies.
 - D. functional sperm damage.
 - E. failure to retract foreskin.
42. A three-year-old girl undergoes an upper pole heminephrectomy for an ectopic ureter. Three days later, she has worsening pain, fever, and hematuria. The next step is:
- A. observation.
 - B. Doppler ultrasound.
 - C. retrograde pyelogram.
 - D. CT angiogram.
 - E. ureteral stent.
43. During performance of a transobturator midurethral polypropylene sling, the trocar normally passes through the:
- A. ischiorectal fossa.
 - B. obturator canal.
 - C. sartorius muscle.
 - D. bulbospongiosus muscle.
 - E. ischiocavernosus muscle.
44. A 45-year-old, otherwise healthy woman, has mild left CVA tenderness, bacteruria, and a temperature of 38.8° C. She is able to take oral fluids. The next step is urine culture and:
- A. inpatient I.V. antibiotic therapy.
 - B. abdominal and pelvic CT scan.
 - C. renal ultrasonography.
 - D. outpatient therapy with oral nitrofurantoin.
 - E. outpatient therapy with an oral fluoroquinolone.
45. A 70-year-old man undergoes a difficult radical cystectomy for high-risk bladder cancer. His perioperative course is complicated by hypotension managed with crystalloid, two units of packed RBC, vasopressors, and intensive care monitoring. He later develops severe renal insufficiency requiring dialysis. According to the Clavien-Dindo Classification, his surgical complication grade is:
- A. II.
 - B. IIIa.
 - C. IIIb.
 - D. IVa.
 - E. V.

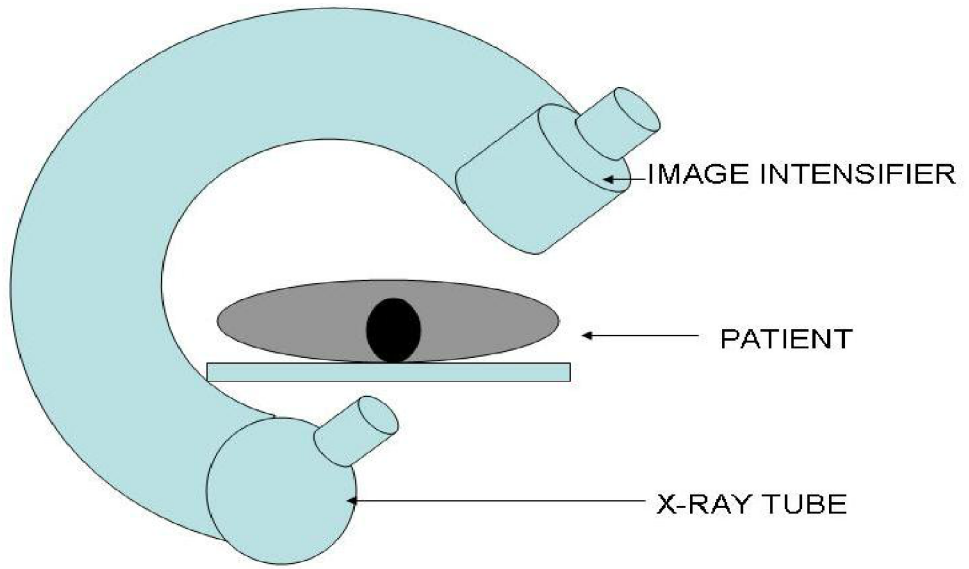
46. A 57-year-old woman complains of stress urinary incontinence and pelvic pressure. On exam, she is noted to leak with Valsalva. Relevant pelvic organ prolapse quantification (POP-Q) exam points reveal Aa and Ba at -3, Ap at +1, Bp at +2, and C at 0. The correct surgical procedure is a mid-urethral sling:
- A. only.
 - B. with anterior repair.
 - C. with posterior repair.
 - D. with anterior and apical vault repair.
 - E. with posterior and apical vault repair.
47. A 32-year-old woman complains of a malodorous fishy vaginal discharge. She has a single male partner and uses an intrauterine device for contraception. The next step is:
- A. remove intrauterine device.
 - B. metronidazole for patient.
 - C. metronidazole for patient and partner.
 - D. ciprofloxacin for patient.
 - E. ciprofloxacin for patient and partner.
48. A ten-year-old boy undergoes ureteroscopic stone extraction for a 1 cm right distal ureteral stone. After placing a guidewire, a 6.5 Fr semirigid ureteroscope will not pass easily at the ureteric orifice. The next step is:
- A. place ureteral stent and retry three days later.
 - B. dilate the ureteric orifice.
 - C. SWL.
 - D. percutaneous stone extraction.
 - E. laparoscopic ureterolithotomy.
49. A 53-year-old man complains of four months of pain with erections, poor tumescence, and a 30 degree dorsal penile curvature. Physical examination reveals a 1 cm dorsal plaque. The next step is:
- A. reassurance and observation.
 - B. treatment with sildenafil.
 - C. intracavernous injection therapy.
 - D. tunical plication.
 - E. plaque excision and grafting.

50. A patient is undergoing fluoroscopy for a ureteroscopic procedure. The fluoroscopic set-up which will result in the least amount of scatter radiation to the operating room personnel is illustrated in the diagram labeled:

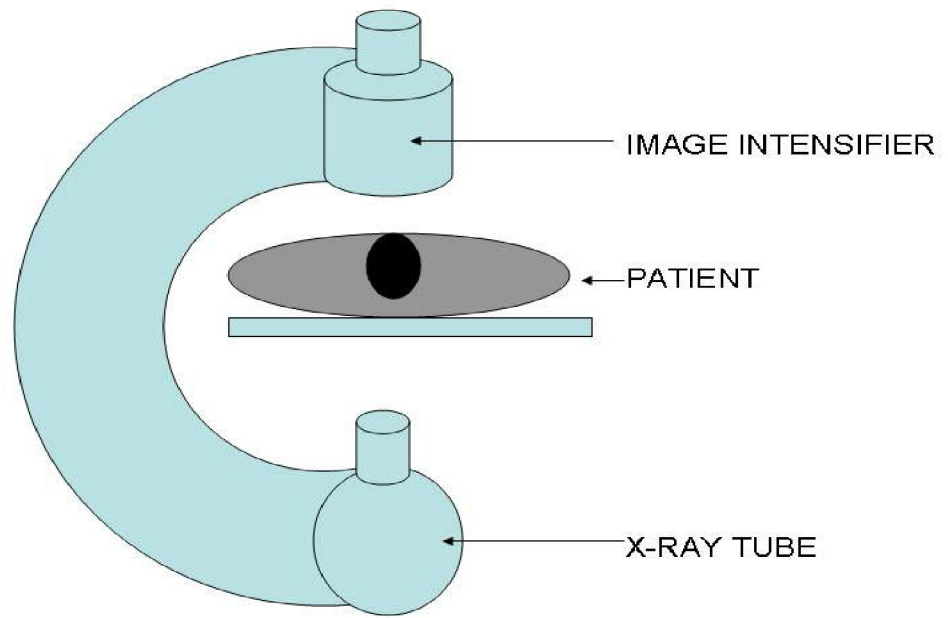
- A. A.
- B. B.
- C. C.
- D. D.
- E. E.



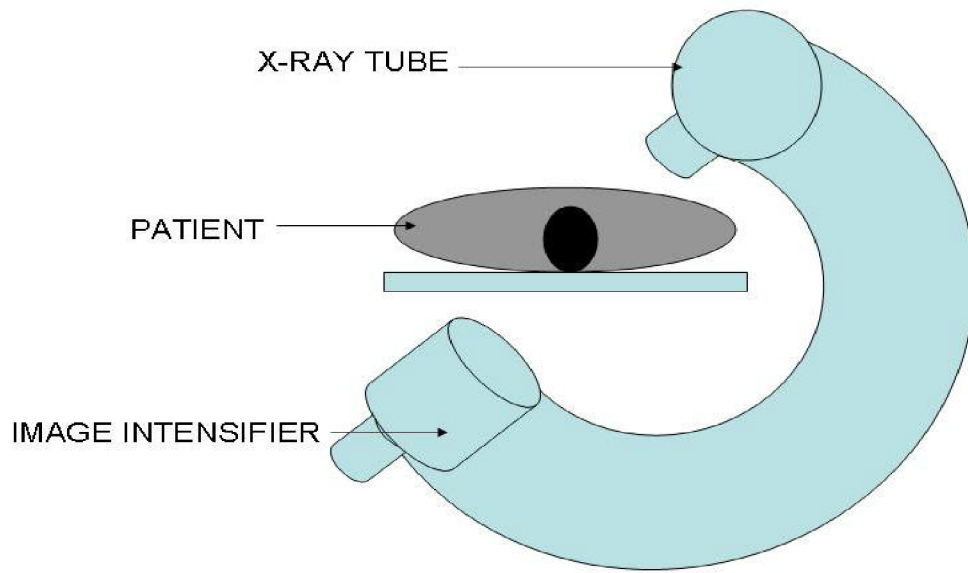
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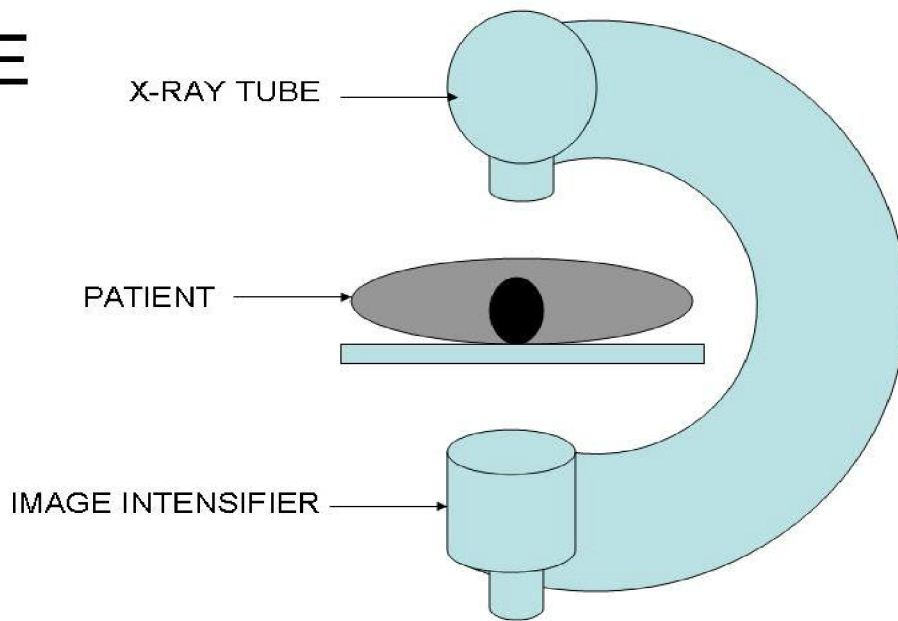
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D



E



51. A 36-year-old woman with a horseshoe kidney has a symptomatic 1.8 cm left lower calyceal stone. The next step is:
- A. SWL.
 - B. open nephrolithotomy.
 - C. ureteroscopic stone extraction.
 - D. ureteral stent and SWL.
 - E. percutaneous nephrolithotomy.
52. During placement of a two-piece inflatable penile prosthesis, the glans penis is noted to have poor support and minimal movement over the top of the prosthetic with a mild "SST" deformity. The best treatment is:
- A. observation and cycling.
 - B. glansplasty.
 - C. placement of an additional 1 cm rear tip extender.
 - D. upsize the prosthesis.
 - E. convert to a three-piece inflatable prosthesis.
53. A 50-year-old woman has azotemia and an obstructed solitary kidney. A percutaneous nephrostomy is placed and urine output is initially 200 ml/hr. She receives I.V. fluids. Her renal function improves over the next four days but the diuresis is now more pronounced. Vital signs and neurocognitive exam are normal. The next step is:
- A. oral vasopressin.
 - B. I.V. vasopressin.
 - C. hydrochlorothiazide.
 - D. decrease I.V. fluids.
 - E. increase I.V. fluids.
54. A 22-year-old man with history of NSGCT completed chemotherapy that included ifosfamide two weeks ago. He has weakness and lethargy. Serum labs reveal Na 137 mEq/l, Cl 135 mEq/l, CO₂ 12 mEq/l, K 2.7 mEq/l, and creatinine 0.9 mg/dl. Blood gas reveals serum pH 7.3. Urinalysis reveals pH 7.6. The next step is:
- A. I.V. Ringer's lactate.
 - B. I.V. D₅W with 20 mEq/l KCL.
 - C. I.V. hydrocortisone.
 - D. oral spironolactone.
 - E. oral potassium citrate.

55. A 64-year-old man has a radical cystectomy and ileal neobladder. Ten days after surgery, 2.5 liters of bilious fluid drains from his incision over 24 hours. He is otherwise stable. The next step is:
- A. observation.
 - B. discontinue diet and start TPN.
 - C. oral loperamide.
 - D. oral octreotide.
 - E. surgical repair.
56. A 26-year-old infertile body builder with a five year history of heavy anabolic steroid use is azoospermic 12 months after discontinuing all steroids. His serum testosterone is 150 ng/dl and FSH is normal. The next step is:
- A. observation.
 - B. testosterone replacement.
 - C. hCG.
 - D. testicular biopsy.
 - E. clomiphene citrate.
57. A two-day-old boy has gross hematuria. He was born at 38 weeks gestation via Caesarian section for failure to progress. Ultrasound shows bilaterally enlarged kidneys without cysts or hydronephrosis and a normal bladder. Hemoglobin and platelet count are low. The next step is:
- A. observation.
 - B. I.V. hydration.
 - C. anticoagulation.
 - D. VCUG.
 - E. CT angiogram.
58. A 38-year-old woman developed a 10 mm vesicovaginal fistula following a complicated hysterectomy. She has failed two prior attempts at repair, one transvaginally using a Martius flap and the other transabdominally using an omental flap. Upper tracts are normal. The next step is:
- A. cystoscopy, fulguration of the fistula tract, and suprapubic tube drainage.
 - B. cystoscopy with fibrin glue application to the fistula.
 - C. repeat vaginal repair with contralateral Martius fat pad graft.
 - D. abdominal repair with rectus muscle interposition.
 - E. ileal conduit.

59. A 19-year-old man has painful severe left scrotal swelling after being kicked. The right testicle is palpably normal, but the left testicle and epididymis are nonpalpable secondary to a left hemiscrotal hematoma. The next step is:
- A. observation.
 - B. nuclear medicine scan.
 - C. MRI scan.
 - D. testicular ultrasound.
 - E. surgical exploration.
60. A four-year-old girl with bilateral grade 3 VUR has recurrent breakthrough UTIs despite continuous antibiotic prophylaxis. She undergoes a bilateral ureteroneocystostomy. According to the 2010 AUA Guideline on vesicoureteral reflux, the required step in postoperative management is:
- A. observation, postoperative imaging only required if additional UTIs occur.
 - B. renal ultrasound.
 - C. VCUG.
 - D. DMSA renal scan.
 - E. MAG-3 diuretic enhanced renal scan.
61. During vaginal repair of a high-riding post-hysterectomy vesicovaginal fistula, the easiest tissue to interpose as a flap is:
- A. anterior peritoneum.
 - B. posterior peritoneum.
 - C. omentum.
 - D. Martius fat pad graft.
 - E. gracilis.
62. A 42-year-old man has persistent ileus and fever after left PCNL. Nephrostogram demonstrates that the nephrostomy tube has traversed the colon in its passage into the renal pelvis. The next step is I.V. antibiotics and:
- A. colostomy and drainage of the area.
 - B. colonic repair and drainage of the area.
 - C. removal of the nephrostomy tube.
 - D. withdraw nephrostomy into colon and place ureteral stent.
 - E. replace nephrostomy tube in a more posterior position.

63. A six-year-old girl has gross hematuria after an MVC. CT scan of the abdomen shows a pelvic fracture and no evidence of renal or intra-abdominal injury. She is hemodynamically stable. Attempts to pass a urethral catheter are unsuccessful. Endoscopy reveals a tear through the bladder neck, vaginal laceration, and anterior rectal wall injury. The next steps are colostomy, suprapubic tube, and:
- A. observation.
 - B. urethral catheter.
 - C. urethral catheter and extraperitoneal drain.
 - D. urethral catheter, repair of vagina and rectum.
 - E. repair of bladder neck, vagina, and rectum.
64. A healthy 23-year-old woman has urinary hesitancy, urgency, a slow stream, and incomplete bladder emptying. A pressure flow urodynamic study reveals a compliant bladder with end fill detrusor pressures of 2 cm H₂O at 350 ml capacity. There is pelvic floor activity noted on the EMG during voiding, with peak detrusor pressures of 50 cm H₂O at the time of peak flow. Total volume voided was 150 ml, peak uroflow of 4 ml/min, average uroflow of 2 ml/min, and postvoid residual of 200 ml. The next step is:
- A. physical therapy with biofeedback.
 - B. urethral dilation.
 - C. onabotulinumtoxinA injection of sphincter.
 - D. bladder neck incision.
 - E. sphincterotomy.
65. The primary effect of parathyroid hormone (PTH) is to facilitate:
- A. 1,25-dihydroxyvitamin D₃ activity on the enteric epithelium.
 - B. calcium reabsorption in the renal tubule.
 - C. enzymatic activity of 25-hydroxylase.
 - D. conversion of 7-dehydroxycholesterol to Vitamin D₃ (cholecalciferol).
 - E. 1,25-dihydroxyvitamin D₃ activity on the renal tubule.
66. The best way to identify a ureter that proves difficult to locate during the course of an extravesical reimplant is to:
- A. identify the vas deferens and follow this laterally.
 - B. search ventral to the obliterated umbilical artery.
 - C. dissect along the ventral surface of the iliac vessels.
 - D. search the dorsal surface of the mobilized peritoneum.
 - E. dissect the lateral surface of the bladder.

67. A 37-year-old woman has urinary urgency that interrupts her work day. Urinalysis is normal. She does not wish to take medications. In addition to avoiding dietary bladder irritants, she should:
- A. void as soon as she feels the urge.
 - B. perform repetitive rapid pelvic contractions (quick flicks) when she has a sense of urgency.
 - C. perform slow, sustained pelvic floor contractions multiple times a day.
 - D. obtain a urine culture.
 - E. use an anti-incontinence pessary.
68. Patients with cystine stones unresponsive to hydration and alkalization are best treated with:
- A. N-acetylcysteine.
 - B. tris-hydroxymethyl amino methane (THAM™).
 - C. alpha-mercaptopropionylglycine.
 - D. penicillamine.
 - E. acetohydroxamic acid.
69. Two weeks following a circumcision, a newborn has progressive swelling and ballooning of the penile skin with voiding. Physical exam reveals a trapped penis in which the glans is not visible and the overlying skin cannot be reduced. The next step is:
- A. observation and parental reassurance.
 - B. topical steroid cream.
 - C. topical anesthetic and manual retraction of penile skin.
 - D. dorsal slit.
 - E. revision circumcision.
70. A 48-year-old woman develops recurrent stress urinary incontinence one year following a midurethral sling. Pelvic examination reveals mild urethral hypermobility and urodynamics shows a Valsalva LPP of 40 cm H₂O. The next step is:
- A. pelvic floor muscle therapy.
 - B. off-label imipramine.
 - C. urethral bulking injection therapy.
 - D. retropubic bladder neck suspension (Burch).
 - E. pubovaginal sling.
71. A 26-year-old man has recurrent groin abscesses. Rectal examination is normal. He has a good urinary stream. The most likely diagnosis is:
- A. syphilis.
 - B. inflammatory bowel disease.
 - C. hidradenitis suppurativa.
 - D. chancroid.
 - E. granuloma inguinale.

72. The nerve that is most likely to be injured during a psoas hitch for a tapered ureteral reimplantation is the:
- A. obturator.
 - B. ilioinguinal.
 - C. genitofemoral.
 - D. femoral.
 - E. iliohypogastric.
73. The primary effect of intradetrusor onabotulinumtoxinA is to inhibit release of acetylcholine from:
- A. presynaptic afferent nerves.
 - B. postsynaptic afferent nerves.
 - C. presynaptic efferent nerves.
 - D. postsynaptic efferent nerves.
 - E. sympathetic efferent nerves.
74. Five days after intercourse, a 40-year-old man develops a painful necrotic penile ulcer and painful inguinal lymphadenopathy. Gram stain of an exudate from the lesion reveals gram-negative coccobacilli. Dark-field examination and Tzanck smears are negative. The treatment of choice is:
- A. penicillin.
 - B. tetracycline.
 - C. acyclovir.
 - D. azithromycin.
 - E. sulfisoxazole.
75. A 32-year-old man with a T5 spinal cord injury develops profuse sweating, hypertension, and bradycardia during urodynamic evaluation. The bladder is emptied but his symptoms persist with a blood pressure of 170/100 mmHg. The next step is to administer:
- A. oral nifedipine.
 - B. sublingual nifedipine.
 - C. transdermal nitroglycerin, above the level of injury.
 - D. I.V. atropine.
 - E. I.V. hydralazine.
76. A 70-year-old obese man has difficulty walking one day following robotic cystectomy and pelvic lymphadenectomy. On examination, his extremities appear normal with slight decreased sensation of the anteromedial thigh and weakness bilaterally with hip flexion. The most likely cause for his symptoms is injury to which nerve:
- A. obturator.
 - B. femoral.
 - C. lateral femoral cutaneous.
 - D. sciatic.
 - E. genitofemoral.

77. A 55-year-old man has a 16 Fr urethral catheter that cannot be removed because the balloon will not deflate. The best way to deflate it is to:
- A. inject ether into the inflation port.
 - B. pass a guidewire down the inflation port.
 - C. puncture the balloon percutaneously with ultrasound guidance.
 - D. inject water into the inflation port until the balloon bursts.
 - E. pass a resectoscope sheath over the cut-off catheter to guide cystoscopic scissors.
78. A 13-year-old boy with prune belly syndrome and chronic hydronephrosis is obtunded. He has a normal blood pressure and pulse, normal hematocrit, and appropriate urine output. Urinalysis is suspicious for UTI with gram negative rods on Gram stain. The lab value most likely to reveal the source of his obtundation is serum:
- A. sodium.
 - B. magnesium.
 - C. bicarbonate.
 - D. ammonia.
 - E. lactate.
79. Elevation of the serum testosterone and LH levels associated with a normal FSH level is most frequently associated with:
- A. puberty.
 - B. Klinefelter syndrome.
 - C. secondary testicular failure.
 - D. Sertoli-cell-only syndrome.
 - E. androgen resistance.
80. A 23-year-old man has a persistent 5 cm interaortocaval mass after three cycles of BEP for left NSGCT. Serum tumor markers are normal. During RPLND, the mass is densely adherent to the aorta and vena cava. An incisional biopsy of the mass reveals fibrosis. The next step is:
- A. complete RPLND.
 - B. sample para-aortic and paracaval nodes.
 - C. completely resect residual mass.
 - D. terminate RPLND and follow tumor markers.
 - E. terminate RPLND and give XRT.

81. A 66-year-old woman is undergoing abdominal surgery for diverticulitis when the surgeon notices a solitary enlarged interaortocaval lymph node in the upper abdomen and removes it for biopsy. The biopsy reveals RCC. The most likely source of this disease is:
- A. the left kidney.
 - B. the right kidney.
 - C. either kidney.
 - D. pelvic kidney.
 - E. horseshoe kidney.
82. Compared to placebo, monotherapy with *Serenoa repens* (saw palmetto) for men with bothersome LUTS due to BPH is likely to result in:
- A. improved AUA symptom index.
 - B. improved maximal flow rate.
 - C. decreased prostate size.
 - D. lowered risk of acute urinary retention.
 - E. similar rate of adverse events.
83. A 55-year-old man has a transrectal biopsy which reveals small cell carcinoma. Metastatic workup is negative. The next step is:
- A. radical prostatectomy.
 - B. LH-RH agonist.
 - C. cystoprostatectomy.
 - D. external beam radiation therapy (EBRT).
 - E. chemotherapy.
84. A newborn girl has a febrile UTI. Her abdominal ultrasound reveals a left duplicated system with a large ureterocele and severe bilateral hydronephrosis. Early intervention is required because of:
- A. non-function of the upper pole segment.
 - B. reflux to the lower pole segment.
 - C. reflux to the contralateral kidney.
 - D. increased risk of incontinence.
 - E. bladder outlet obstruction.
85. A 64-year-old man with erectile dysfunction and a history of coronary disease is taking tadalafil 5 mg daily. During sexual activity, he develops angina. The next step is:
- A. stop sexual activity and rest.
 - B. stop sexual activity and seek emergency treatment.
 - C. take nitroglycerin only if it has been at least 24 hours since his last tadalafil dose.
 - D. take nitroglycerin only if it has been at least 48 hours since his last tadalafil dose.
 - E. take nitroglycerin only in a medically monitored setting.

86. A 42-year-old woman has crampy abdominal pain three months after undergoing a continent cutaneous urinary diversion. She is afebrile and has a WBC of 7,500/cu mm. Her abdomen is mildly distended, diffusely tender, and bowel sounds are present. KUB reveals nonspecific small and large bowel gas patterns. The next step is:
- A. I.V. fluids and nasogastric suction.
 - B. exploratory laparotomy.
 - C. pouchogram.
 - D. CT urogram.
 - E. pouch catheterization.
87. A 17-year-old girl with a history of an augmentation cystoplasty undergoes a pubo-vaginal sling procedure for persistent stress incontinence. On postoperative day three, she has left flank pain and increased drainage from the incision (creatinine of drainage is 9 mg/dl). CT scan reveals new onset of left hydronephrosis and left perivesical fluid collection, and CT cystogram reveals no extravasation of contrast from bladder. The next step is:
- A. cystoscopy, retrograde pyelogram, and stent placement.
 - B. percutaneous nephrostomy.
 - C. removal of sling.
 - D. open ureteral repair and removal of sling.
 - E. ureteroneocystostomy.
88. A 61-year-old man develops complete erectile dysfunction following radical prostatectomy and has placement of a two-piece inflatable penile prosthesis. Three months after implantation, he complains of decreased penile size and inability to satisfy his partner. Examination demonstrates a functional prosthesis. The best treatment is:
- A. referral to a sex therapist.
 - B. combination therapy with sildenafil.
 - C. combination therapy with intraurethral alprostadil.
 - D. upsize to a larger two-pieced inflatable prosthesis.
 - E. remove and implant a three-piece inflatable prosthesis.
89. A healthy 50-year-old man with gross hematuria has a peripherally located 4 cm solid mass in a solitary kidney. The serum creatinine is 1.2 mg/dl. CT scan demonstrates a 1 cm renal vein tumor thrombus. There is no evidence of metastasis. The next step is:
- A. angiographic embolization.
 - B. laparoscopic cryoablation.
 - C. partial nephrectomy.
 - D. radical nephrectomy.
 - E. interleukin-2.

90. A 32-week-gestation neonate maintained in the neonatal ICU for respiratory difficulties, is found to have candiduria on two successive catheterized urine cultures. He is voiding spontaneously, and his renal and bladder ultrasound is normal. The most appropriate therapy is:
- A. observation with repeat urine culture in one week.
 - B. circumcision.
 - C. intravesical amphotericin.
 - D. parenteral fluconazole.
 - E. parenteral amphotericin.
91. T cell activation requires T cell receptor engagement of antigen presented by major histocompatibility complex (MHC) molecule on the surface of antigen presenting cells (APCs) and:
- A. intracellular signal transduction.
 - B. cell division and proliferation.
 - C. direct cell-cell interaction with B cells.
 - D. APC glycoprotein and T cell ligand interaction.
 - E. interferon-gamma stimulation.
92. A 31-year-old woman had an ileal conduit urinary diversion at age ten years for a neurogenic bladder. She is now ten weeks pregnant. In addition to appropriate obstetrical care, she should have:
- A. amniocentesis.
 - B. a Cesarean section at term.
 - C. no additional urologic treatment.
 - D. prophylactic antibiotics.
 - E. serial renal ultrasounds.
93. Diagnostic laparoscopy is performed on a one-year-old boy with a nonpalpable left testicle. The testis is found 3 cm above the internal ring, with a long looping vas deferens and short spermatic vessels. The procedure most likely to result in successful orchiopexy is:
- A. laparoscopic orchiopexy with intact spermatic vessels.
 - B. laparoscopic single stage Fowler-Stephens orchiopexy.
 - C. clip spermatic vessels and return in six months.
 - D. open transabdominal orchiopexy.
 - E. remove laparoscope, administer intramuscular hCG for four weeks, then re-explore.

94. At twelve months, results of the Trial of Mid-Urethral Slings (TOMUS) showed that retropubic slings compared to transobturator slings have:
- A. superior efficacy and greater risk of post-operative voiding dysfunction.
 - B. superior efficacy and lesser risk of post-operative voiding dysfunction.
 - C. inferior efficacy and greater risk of post-operative voiding dysfunction.
 - D. inferior efficacy and lesser risk of post-operative voiding dysfunction.
 - E. equivalent efficacy and greater risk of post-operative voiding dysfunction.
95. Left inguinal orchiectomy is performed on a 24-year-old man for an embryonal cell carcinoma. AFP is elevated but beta-hCG is normal. On chest x-ray, there is a 5 cm mass in the right lung and an abdominal CT scan shows a 2 cm periaortic adenopathy. After four cycles of platinum-based chemotherapy, AFP has returned to normal, and an abdominal CT scan shows resolution of the retroperitoneal adenopathy. On chest x-ray, the lung mass is still present but has decreased to 3 cm in size. The next step is:
- A. retroperitoneal node dissection.
 - B. salvage chemotherapy with ifosfamide.
 - C. continue platinum chemotherapy for two more cycles.
 - D. needle biopsy of the lung mass.
 - E. pulmonary wedge resection.
96. A six-year-old boy with a history of imperforate anus has persistent diurnal urinary incontinence. Evaluation includes an MRI scan showing the conus medullaris at the L-2 level. Urodynamics show no postvoid residual, a flat filling curve with high volume detrusor overactivity, and normal voiding pressures. These findings suggest:
- A. tethering of the spinal cord.
 - B. vesico-colonic fistula.
 - C. detrusor-sphincteric dyssynergia.
 - D. no significant uropathology.
 - E. intrinsic sphincteric deficiency.
97. A 65-year-old man complains of residual LUTS after prior TUNA. His symptoms are unchanged after the initiation of tamsulosin. He has a 30 gram benign prostate and cystoscopy reveals median lobe enlargement. The pressure-flow urodynamic study reveals no evidence of detrusor overactivity, with an end fill detrusor pressure of 3 cm H₂O at a maximum capacity of 450 ml. He voids with a synergistic curve pattern with detrusor pressure at the time of peak flow of 120 cm H₂O. Peak flow is 8 ml/sec, average is 4 ml/sec, and total volume voided is 400 ml PVR of 50 ml. The next step is:
- A. dutasteride.
 - B. solifenacin.
 - C. onabotulinumtoxinA injection into the detrusor.
 - D. TUIP.
 - E. TURP.

98. Deletions of the short arm of chromosome 3 occur most frequently in association with:
- A. papillary RCC.
 - B. angiomyolipoma.
 - C. renal medullary carcinoma.
 - D. oncocytoma.
 - E. clear cell RCC.
99. The epithelial lining of the distal periurethral prostatic ducts is:
- A. stratified.
 - B. pseudostratified.
 - C. squamous.
 - D. transitional (urothelial).
 - E. cuboidal.
100. A 66-year-old man with a history of a CVA five years ago complains of bothersome lower urinary tract symptoms. No improvement was noted after a trial of oxybutynin. A pressure flow urodynamic study reveals no evidence of detrusor overactivity and end fill detrusor pressure of 3 cm H₂O at a maximum bladder capacity of 325 ml. He voids with a detrusor pressure of 95 cm after a trial of oxybutynin. A pressure flow urodynamic study reveals no evidence of detrusor overactivity and an end fill detrusor pressure of 3 cm H₂O at a peak uroflow of 3 ml/sec and an average of 2 ml/sec. His total volume voided is 200 ml and his PVR is 125 ml. The next step is:
- A. mirabegron.
 - B. tamsulosin.
 - C. sacral nerve stimulation.
 - D. posterior tibial nerve stimulation.
 - E. onabotulinumtoxinA.
101. A 33-year-old man with infertility has azoospermia. He has normal testes bilaterally and a serum FSH of 7 IU/l. Bilateral testis biopsies reveal maturation arrest and bilateral intratubular germ cell neoplasia. The next step is:
- A. serial ultrasound and tumor markers.
 - B. repeat biopsy in six months.
 - C. bilateral inguinal orchiectomy.
 - D. XRT to both testes.
 - E. systemic chemotherapy.
102. A five-year-old boy has day and night wetting, constipation, and fecal soiling. Physical examination is normal except for a high-arched right foot. Urodynamics show detrusor overactivity and normal sphincter function. The next step is:
- A. CIC.
 - B. timed voiding schedule.
 - C. spinal MRI scan.
 - D. antimuscarinics.
 - E. bowel program.

103. A 45-year-old man has two days of perineal discomfort, dysuria, and urinary frequency. Urinalysis reveals bacteruria and pyuria. Physical examination reveals an enlarged prostate. He has a history of four symptomatic *E. coli* UTIs over the past year. He finished his last course of antibiotics one week ago. Before antibiotic treatment is restarted, which culture should be obtained:
- A. midstream urine.
 - B. urine by suprapubic aspiration.
 - C. expressed prostatic fluid.
 - D. pre- and post-prostatic massage voided urine and prostatic fluid.
 - E. initial voided urine.
104. A 36-year-old obese paraplegic man undergoes evaluation for an ileal conduit diversion. The preferred site for urostomy placement is:
- A. right upper quadrant lateral to rectus.
 - B. right upper quadrant through rectus.
 - C. right lower quadrant through rectus.
 - D. right lower quadrant lateral to rectus.
 - E. at umbilicus.
105. The most effective intervention to prevent the formation of bladder calculi in children after augmentation cystoplasty is:
- A. oral potassium citrate.
 - B. prophylactic antibiotics.
 - C. urinary acidification.
 - D. oral thiazide.
 - E. regular bladder irrigation.
106. During robotic cystectomy, the assistant places an extra-long 8 mm metal robotic trocar within a previously placed standard 12 mm plastic trocar to facilitate use of an additional robotic arm for dissection. The use of monopolar scissors within this hybrid trocar creates a higher risk of:
- A. trocar dislodgement.
 - B. trocar site pain.
 - C. incisional hernia.
 - D. thermal injury to bowel.
 - E. vascular injury.
107. The most sensitive biochemical test for confirming the diagnosis of pheochromocytoma is:
- A. plasma free metanephrines.
 - B. plasma catecholamines.
 - C. urinary metanephrines.
 - D. urinary vanillylmandelic acid.
 - E. urinary catecholamines.

108. A 12-year-old girl with myelodysplasia underwent placement of an artificial urinary sphincter and bilateral ureteral reimplantation six months ago. She has new bilateral hydronephrosis and her serum creatinine has increased from 0.8 to 1.4 mg/dl. The likely explanation is:
- A. persistent VUR.
 - B. chronic ureteral atony due to infection.
 - C. surgical obstruction of the distal ureters.
 - D. loss of bladder compliance.
 - E. sphincter malfunction.
109. Three months after starting abiraterone for metastatic castrate-resistant prostate cancer, a 75-year-old man is responding to the therapy but develops worsening hypertension, hypokalemia, edema, and fatigue. The next step is:
- A. discontinue abiraterone.
 - B. start spironolactone.
 - C. start fludrocortisone.
 - D. start prednisone.
 - E. start docetaxel.
110. A 67-year-old man with a history of six weekly BCG treatments undergoes four cycles of M-VAC for a muscle invasive urothelial cell carcinoma (T3bNXMO) at the bladder neck. Following chemotherapy, there is no visible tumor although the urine cytology is positive. The next step is:
- A. cystoscopy in three months.
 - B. repeat six weeks of BCG.
 - C. maintenance BCG.
 - D. XRT.
 - E. radical cystoprostatectomy.
111. The acidosis of chronic renal failure may be distinguished from acute acidosis by:
- A. increased anion gap.
 - B. decreased plasma HCO_3^- .
 - C. increased pCO_2 and HCO_3^- .
 - D. decreased pCO_2 .
 - E. decreased pH.
112. A 19-year-old man complains that his partner has noticed significant left lateral deviation of his penis on erection. He denies any penile trauma and has not previously noticed the curvature. The most likely diagnosis is:
- A. Peyronie's disease.
 - B. subacute penile fracture.
 - C. acquired penile curvature.
 - D. congenital penile curvature.
 - E. hypospadias with chordee.

113. A repeat prostate biopsy after an initial finding of atypical small acinar proliferation (ASAP), as compared to high-grade prostatic intraepithelial neoplasia (HGPIN), has:
- A. a significantly higher risk of prostate cancer.
 - B. a significantly higher risk of high-grade prostate cancer only.
 - C. an equivalent risk of prostate cancer.
 - D. a significantly lower risk of prostate cancer.
 - E. a significantly lower risk of high-grade prostate cancer only.
114. A 56-year-old man has a prolonged ileus requiring nasogastric suction following radical cystectomy and ileal conduit. On the tenth postoperative day, he has a seizure. The most likely cause of the seizure is decreased serum:
- A. calcium.
 - B. magnesium.
 - C. potassium.
 - D. phosphate.
 - E. sodium.
115. A recurrent stone former has low urinary citrate. The patient inquires which soda he can drink. He should be advised to drink:
- A. Caffeine Free Diet Pepsi™.
 - B. Diet Coke with Lime™.
 - C. Sprite Zero™.
 - D. Coke Zero™.
 - E. no soda.
116. An independent factor associated with poor prognosis in patients with local recurrence of RCC following radical nephrectomy is:
- A. pulmonary metastasis.
 - B. age > 65 years.
 - C. ipsilateral adrenal location.
 - D. time to local recurrence.
 - E. size of local recurrence.
117. A three-year-old boy lost one-half of his scrotal skin after a dog attack two hours ago. His testicles, penis, and urethra are spared. Best management includes antibiotics, debridement, and:
- A. split-thickness skin graft.
 - B. full-thickness skin graft.
 - C. placement of testicles in the thigh.
 - D. scrotal closure with drainage.
 - E. secondary scrotal closure.

118. Patients treated with D-penicillamine should receive supplemental:
- A. calcium.
 - B. magnesium.
 - C. Vitamin B6.
 - D. Vitamin B12.
 - E. iron.
119. A 49-year-old man had a hand-assisted laparoscopic radical nephrectomy for a 3.8 cm renal mass. Pathologic analysis reveals a grade 3 clear cell RCC confined to the kidney and three regional lymph nodes are negative. The most appropriate follow-up for this patient in addition to routine history and physical exam is:
- A. labs and chest x-ray yearly.
 - B. labs, chest x-ray, and CT scan yearly.
 - C. labs, chest x-ray, CT scan, and bone scan yearly.
 - D. labs and chest x-ray every six months for three years, then yearly.
 - E. labs, chest x-ray, and CT scan every six months for three years, then yearly.
120. A 14-year-old boy with incontinence had PUV resected as a neonate. The most likely etiology for his incontinence is:
- A. occult neurogenic bladder.
 - B. sphincteric injury.
 - C. detrusor overactivity.
 - D. poor bladder compliance.
 - E. myogenic failure.
121. Patients treated with acetohydroxamic acid should be monitored with the following blood test:
- A. CBC.
 - B. LFT.
 - C. calcium level.
 - D. magnesium level.
 - E. ammonia level.
122. Instillation of perioperative intravesical chemotherapy after a complete TURBT for urothelial cell carcinoma of the bladder is effective only if given:
- A. immediately following the resection.
 - B. within six hours of the resection.
 - C. within 24 hours of the resection.
 - D. within seven days of the resection.
 - E. within two weeks of the resection.

123. A three-month-old boy had a lumbar myelomeningocele closed at birth. The finding associated with the potential for detrusor-sphincter dyssynergia is:
- A. level of lesion.
 - B. intact bulbocavernosus reflex.
 - C. lower extremity movement.
 - D. spontaneous voiding.
 - E. decreased anal sphincter tone.
124. A 52-year-old man sustains an electrical burn to the penis while repairing a high voltage power line. Four hours after the injury, the penile shaft and glans are erythematous with superficial skin sloughing and blistering. The next step is:
- A. observation.
 - B. retrograde urethrogram.
 - C. urethral catheter.
 - D. suprapubic cystostomy.
 - E. penile debridement.
125. A 61-year-old man has an International Prostate Symptom Score (IPSS) score of 18, a 40 gm benign feeling prostate on DRE, and a PSA of 3.2 ng/ml. He was started on dutasteride and the LUTS improved markedly during the first year of treatment. PSA data on follow-up is: 12 months, 1.2 ng/ml; 18 months, 0.9ng/ml; 24 months, 1.4 ng/ml; and 36 months, 1.9 ng/ml. The next step is:
- A. PCA3.
 - B. free and total PSA in six months.
 - C. PSA in one year.
 - D. quinolone antibiotic followed by repeat PSA in six weeks.
 - E. TRUS and prostate biopsy.
126. A three-year-old girl has an abdominal mass and periorbital ecchymoses. These findings are most suggestive of:
- A. tuberous sclerosis.
 - B. Wilms' tumor.
 - C. neuroblastoma.
 - D. Hodgkin's disease.
 - E. leukemia.
127. A 58-year-old man experiences severe pruritus involving his genitals and buttocks several weeks after returning from a trip to Southeast Asia. Examination reveals small erythematous papules, excoriations, and small raised lines in the skin. The next step is:
- A. topical clotrimazole.
 - B. permethrin.
 - C. prednisone.
 - D. serum herpes simplex virus titer.
 - E. biopsy.

128. A 62-year-old man undergoes TURBT for a solitary low-grade 1 cm papillary Ta bladder tumor. He receives a single perioperative dose of mitomycin C. This therapy will most likely decrease his risk of:
- A. postoperative side effects.
 - B. short term recurrence (< 2 years).
 - C. long term recurrence (> 2 years).
 - D. progression.
 - E. cancer-specific mortality.
129. In a three-year-old boy, a partial nephrectomy is the most appropriate treatment for:
- A. congenital mesoblastic nephroma.
 - B. stage V Wilms' tumor.
 - C. stage I rhabdoid tumor.
 - D. stage III lymphoma.
 - E. stage III neuroblastoma.
130. A 56-year-old obese man with a history of depression has a total testosterone of 450 ng/dl. Free testosterone level measured by an analog assay (immunoassay) is low. Physical exam is unremarkable. The next step is:
- A. measure estradiol.
 - B. measure LH and prolactin.
 - C. measure bioavailable testosterone.
 - D. testosterone replacement therapy.
 - E. aromatase inhibitor therapy.
131. A 62-year-old man takes selenium and Vitamin E. He should be informed that his risk of:
- A. high-grade PIN will decrease.
 - B. prostate cancer will decrease.
 - C. type 2 diabetes will decrease.
 - D. prostate cancer is unchanged.
 - E. non-genitourinary cancers are increased.
132. The site of origin associated with the worst prognosis in pediatric rhabdomyosarcoma is:
- A. uterus.
 - B. prostate.
 - C. vagina.
 - D. spermatic cord.
 - E. bladder.

133. A 23-year-old woman undergoes ureteroscopy with holmium laser lithotripsy for a 5 mm distal radiopaque ureteral calculus. Endoscopically, there was no residual stone. She is now asymptomatic. The next step is:
- A. observation.
 - B. KUB.
 - C. ultrasonography.
 - D. KUB and ultrasonography.
 - E. non-contrast CT scan.
134. During a routine sports physical, a 25-year-old man has a 2 cm, well-circumscribed, solid mass discovered in the lower pole of the left epididymis confirmed by ultrasound. The testis is palpably normal. The next step is:
- A. CT scan of the chest, abdomen, and pelvis.
 - B. transscrotal excision of the mass.
 - C. inguinal excision of the mass.
 - D. left epididymectomy.
 - E. left radical orchiectomy.
135. A newborn boy with prune belly syndrome has urinary retention and progressive hydroureteronephrosis. The best method to reduce the risk of postoperative bladder wall prolapse after cutaneous vesicostomy is to:
- A. perform reduction cystoplasty.
 - B. create an 8 Fr stoma.
 - C. place the stoma in the umbilicus.
 - D. exteriorize the bladder dome.
 - E. suture bladder muscle to the fascia.
136. A 13-year-old boy with dysuria, left scrotal pain, and swelling has a tender indurated epididymis and normal testes. Urinalysis is normal. An ultrasound shows normal testes with blood flow and an enlarged hypervascular left epididymis. The next step is:
- A. NSAIDs.
 - B. ciprofloxacin.
 - C. ceftriaxone and doxycycline.
 - D. uroflow-EMG.
 - E. VCUG.
137. A 67-year-old man underwent radical prostatectomy with pelvic lymph node dissection following three months of LH-RH agonist therapy. The pathologist will not be able to accurately describe:
- A. tumor volume.
 - B. tumor stage.
 - C. nodal status.
 - D. Gleason score.
 - E. surgical margins.

138. The renal cystic condition that arises prior to formation of the nephron is:
- A. autosomal recessive polycystic kidney disease.
 - B. autosomal dominant polycystic kidney disease.
 - C. medullary sponge kidney.
 - D. multicystic dysplastic kidney.
 - E. juvenile nephronophthisis.
139. A 24-year-old man has a split urinary stream with significant bother. Examination reveals a circumcised penis with a grayish white plaque surrounding a constricted urethral meatus. Retrograde urethrogram reveals a 1.5 cm meatal stricture and the rest of the urethra is unremarkable. Biopsy of the meatus confirms lichen sclerosus. The next step is:
- A. meatal dilation.
 - B. CO₂ laser ablation and urethrotomy.
 - C. meatotomy.
 - D. distal urethroplasty with buccal mucosa.
 - E. distal urethroplasty with penile skin flap.
140. The most common site of origin of extragonadal germ cell tumors is the:
- A. lung.
 - B. pelvis.
 - C. mediastinum.
 - D. pineal gland.
 - E. retroperitoneum.
141. A 17-year-old boy has bright red urine shortly after prolonged exercise. He has no history of genitourinary disease and is otherwise asymptomatic. Urinalysis reveals 1+ proteinuria and > 50 RBC/hpf. There are no casts. Renal and bladder ultrasound is normal. The next step is:
- A. cystoscopy.
 - B. CT urogram.
 - C. urinary myoglobin.
 - D. urinary calcium to creatinine ratio.
 - E. urinalysis 72 hours later.
142. A 72-year-old woman with pseudomembranous colitis is treated with oral vancomycin. After 48 hours, her diarrhea worsens and she develops fever and leukocytosis. The next step is:
- A. oral metronidazole.
 - B. I.V. vancomycin.
 - C. I.V. metronidazole.
 - D. I.V. fluoroquinolone.
 - E. surgical consultation.

143. A 65-year-old man has a partial penectomy for a high-grade pT2 lesion. He has no palpable adenopathy in the inguinal region. Metastatic workup is negative. The next step in management is:
- A. serial physical examination of the inguinal nodes.
 - B. serial imaging with CT scan.
 - C. sentinel inguinal node biopsy.
 - D. delayed inguinal lymphadenectomy if nodes become palpable.
 - E. immediate bilateral inguinal lymphadenectomy.
144. The diagnosis of a renal pseudotumor (column of Bertin, focal cortical hyperplasia) is best established by:
- A. MRI scan.
 - B. MAG-3 scan.
 - C. DMSA scan.
 - D. arteriogram.
 - E. CT scan.
145. A 55-year-old diabetic woman stented three months earlier for an obstructing ureteral calculus is scheduled for ureteroscopy and laser lithotripsy. A preoperative urinalysis reveals yeast that is confirmed with a catheterized specimen. The next step is:
- A. administer preoperative amphotericin I.V. and proceed with planned surgery.
 - B. administer preoperative fluconazole I.V. and proceed with planned surgery.
 - C. administer preoperative caspofungin I.V. and proceed with planned surgery.
 - D. instill amphotericin solution into the bladder 30 minutes preoperatively and proceed with planned surgery.
 - E. reschedule surgery, proceed with surgery only after culture-documented clearance of funguria.
146. A 44-year-old woman undergoes a left radical nephrectomy for a 6 cm RCC with renal vein involvement. The posterior surgical margin is positive. Pathologic tumor stage is:
- A. T1b.
 - B. T2b.
 - C. T3a.
 - D. T3b.
 - E. T4.
147. A phenotypically normal three-year-old girl has testicles found in the hernia sacs at herniorrhaphy. She will also have:
- A. elevated 17-hydroxyprogesterone.
 - B. absent 5-alpha-reductase.
 - C. abnormal androgen receptor activity.
 - D. low testosterone, and elevated LH and FSH.
 - E. 45 X0/46 XY karyotype.

148. A 65-year-old man has symptoms of cystitis, left flank pain, and a fever to 39° C. Urinalysis reveals pyuria and culture shows a pan-sensitive E. coli. One month after appropriate antibiotic therapy, he is asymptomatic and repeat urinalysis and midstream culture are negative. PVR is 45 ml. The next step is:
- A. observation.
 - B. complete urodynamic studies.
 - C. prostatic localization cultures.
 - D. trimethoprim sulfamethoxazole prophylaxis.
 - E. CT urogram and cystoscopy.
149. A 68-year-old active man with metastatic castration-resistant prostate cancer receives six cycles of docetaxel plus prednisone. Bone scan reveals several new rib lesions. To improve the likelihood of overall survival, the next treatment step is prednisone and:
- A. continued docetaxel.
 - B. zoledronic acid.
 - C. ketoconazole.
 - D. mitoxantrone.
 - E. cabazitaxel.
150. A 17-year-old girl with spina bifida undergoes a two-day bowel preparation followed by bladder neck reconstruction and ileocystoplasty. Intraoperatively, she receives five liters of D5 NS with two units of packed RBCs. Two hours postoperatively, she has decreased respiratory effort and generalized muscle weakness. Arterial blood gas shows a respiratory acidosis. Her chest x-ray is normal. Her symptoms are most likely due to:
- A. latex allergy.
 - B. hypercalcemia.
 - C. hypomagnesemia.
 - D. pulmonary embolus.
 - E. hypokalemia.