

SASP 2016

1. Secretion of aldosterone is primarily mediated by:
A. ACTH.
B. renin.
C. serum potassium level.
D. sodium concentration in the proximal tubule.
E. sodium concentration in the collecting duct.
2. A 55-year-old man undergoes a left lower pole partial nephrectomy for a 3.5 cm solid renal mass. The contralateral kidney is normal. Two days postoperatively, his serum hematocrit drops from 32% to 28% over 24 hours. Urine is dark burgundy in color. Vital signs are stable. The next step is:
A. angiography and embolization of bleeding vessels.
B. reoperation with suture ligation of bleeding vessels.
C. reoperation with nephrectomy.
D. bedrest, serial monitoring, and transfusions as needed.
E. ureteral stent placement.
3. Five years after a radical cystectomy and ileal conduit for bladder cancer, a 65-year-old man has a serum creatinine of 3.0 mg/dl, BUN 40 mg/dl, sodium 146 mEq/l, potassium 4.6 mEq/l, and bicarbonate 16 mEq/l. A loopogram shows a 35 cm long moderately dilated conduit with grade 4 reflux into dilated upper tracts. The most appropriate treatment is:
A. sodium citrate.
B. injection of bulking agent into the ureteroenteric anastomosis.
C. revision of conduit length and stoma.
D. excision of ileal conduit and conversion to a non-refluxing colon conduit.
E. bilateral nephrectomies and placement on transplant list.
4. A seven-year-old, neurologically normal boy with recurrent UTIs and worsening diurnal incontinence has a normal renal ultrasound and VCUG. His bowel function is normal. Urodynamic evaluation reveals detrusor overactivity and increased sphincter activity during voiding. His initial treatment should be:
A. maintenance of voiding diary and timed voiding.
B. biofeedback pelvic floor muscle retraining.
C. oxybutynin.
D. prazosin.
E. sacral neuromodulator.



5. Two grams of oral ascorbic acid (Vitamin C) per day will:
A. decrease urinary calcium.
B. increase urinary oxalate.
C. decrease urinary magnesium.
D. decrease urinary acidity.
E. decrease urinary citrate.
6. A one-month-old girl with prenatal hydronephrosis underwent postnatal imaging as shown. The most likely cause of findings in the bladder and kidney is:
A. VUR.
B. UPJ obstruction.
C. ureterocele.
D. bladder diverticulum.
E. ectopic ureteral insertion into the vagina.

8. A 16-year-old boy passes a stone composed of 100% cystine. This condition is characterized by:

- A. excessive jejunal absorption of cystine.
- B. excessive tubular resorption of arginine and lysine.
- C. inadequate tubular resorption of ornithine and cystine.
- D. excessive metabolic production of cystine, ornithine and lysine.
- E. impaired conversion of cystine to ornithine.

9. A 42-year-old infertile man has a semen volume of 2 ml, sperm density of 5 million/ml, and decreased sperm motility. Physical examination demonstrates a grade 3 left varicocele and grade 1 right varicocele. His partner's evaluation is normal. The next step is:

- A. transrectal ultrasonography.
- B. clomiphene citrate (ClomidTM).
- C. intrauterine insemination.
- D. left varicocelectomy.
- E. bilateral varicocelectomy.

10. A 14-year-old boy with myelodysplasia and a ventriculo-peritoneal shunt has acute abdominal pain. He underwent a sigmoid bladder augmentation six months ago. His pulse is 100 bpm and blood pressure is 100/70 mmHg. He has diffuse abdominal tenderness. Urine output over the past six hours is 70 ml. Cystogram shows no extravasation. The best management is I.V. hydration, broad spectrum antibiotics, and:

- A. abdominal CT scan.
- B. CT cystogram.
- C. continuous catheter drainage.
- D. placement of large-bore (24F), percutaneous suprapubic tube.
- E. exploratory laparotomy.

11. A 26-year-old man has bilateral gynecomastia. Testicular examination is normal. Free testosterone is elevated and LH is decreased. The next step is:

- A. cranial MRI scan.
- B. abdominal CT scan.
- C. testicular ultrasound.
- D. serum prolactin.
- E. serum estradiol.



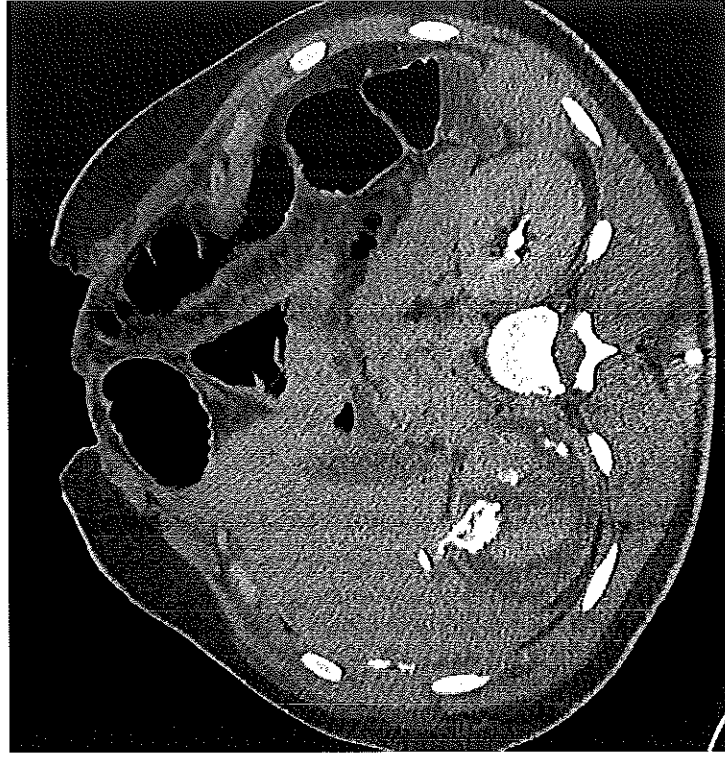
7. A newborn girl had moderate left hydronephrosis on prenatal ultrasound. Ultrasound at one month of age demonstrates normal kidneys bilaterally. Physical examination is normal. The next step is:

- A. observation.
- B. VCUG.
- C. MAG-3 renal scan.
- D. repeat ultrasound in three months.
- E. MR urogram.

12. A 46-year-old man with recurrent calcium nephrolithiasis secondary to hypercalcemia is treated with hydrochlorothiazide. Follow-up evaluation at six months reveals a serum potassium of 3.5 mEq/l and new onset of hyperglycemia with a fasting blood sugar of 200 mg/dl. The next step is:
- hemoglobin A_{1c}.
 - glucose tolerance test.
 - initiate diabetic diet.
 - discontinue hydrochlorothiazide.
 - initiate potassium citrate.
13. The characteristic that distinguishes primary hypoadrenalism from secondary (pituitary) hypoadrenalism is:
- hypotension.
 - metabolic alkalosis.
 - cutaneous hyperpigmentation.
 - hypermnatremia.
 - hypokalemia.
14. A two-year-old girl has a large abdominal mass. Chest and abdominal CT scans show clear lung fields with a 12 cm tumor arising from the center of the right kidney and two 2-3 cm exophytic tumors of the mid- and lower poles of the left kidney. The next step is:
- initiate chemotherapy.
 - bilateral percutaneous needle biopsy.
 - exploration and bilateral open renal biopsy.
 - right nephrectomy and partial left nephrectomy.
 - bilateral nephrectomy.
15. During a laparoscopic donor nephrectomy, a 2 cm laceration is made in the splenic flexure of the colon. The most appropriate action is to:
- abandon the operation.
 - close the laceration, administer broad-spectrum antibiotics to the donor, and continue with the transplantation.
 - close the laceration, irrigate wound with neomycin, and proceed with the transplantation.
 - close the laceration, administer broad-spectrum intravenous antibiotics to the donor and recipient, and proceed with the transplantation.
 - close the laceration, irrigate wound with neomycin, administer broad-spectrum antibiotic to the donor and recipient, and proceed with the transplantation.

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16. A 24-year-old man is shot in the right flank and sustains a grade 5 renal injury and extensive liver and bowel injury. During exploration, his liver and bowel injuries are stabilized and a nonpulsatile right retroperitoneal hematoma is identified with no intervention. One week after exploration, he develops increased drainage from a perihaptic drain. Creatinine of the drainage fluid is 8 mg/dl. CT scan and retrograde pyelogram are shown. The next step is:
- ureteral stent.
 - ureteral stent and urethral catheter.
 - percutaneous nephrostomy.
 - exploration, debridement, and renal repair.
 - nephrectomy.



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18. Reflex bladder and urethral activity are coordinated by a reflex center located in the:

- A. sacral cord.
- B. thoracic and sacral cord.
- C. pons.
- D. medulla.
- E. basal ganglia.

19. Nephrocalcinosis of infancy:

- A. should be treated by thiazide diuretics.
- B. results in a high incidence of renal calculi in childhood.
- C. is associated with distal renal tubular acidosis.
- D. may completely disappear after stopping furosemide.
- E. should be treated by increased calcium and phosphate in the neonatal diet.

20. The initial nephrostomy tube puncture site in a horseshoe kidney compared to that in a normally positioned kidney is more:

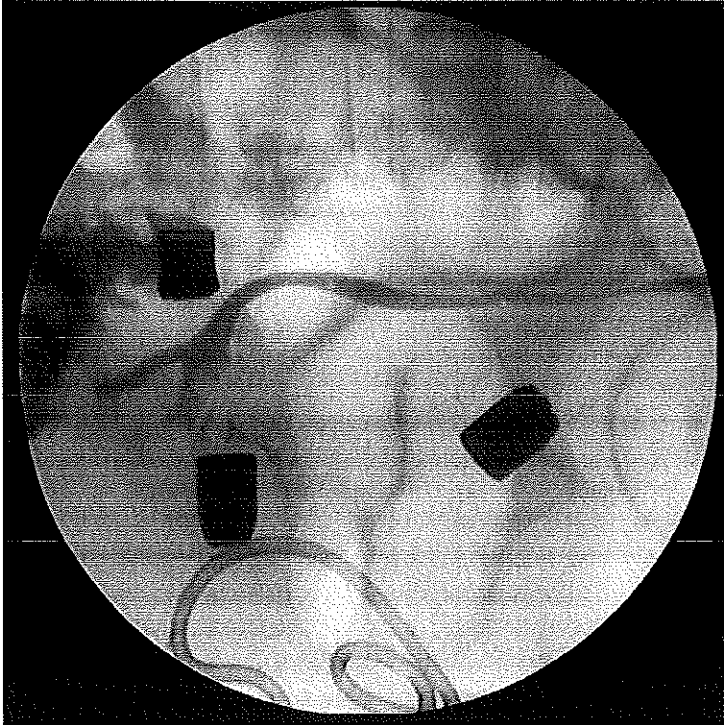
- A. medial and through a posterior calyx.
- B. lateral and through an anterior calyx.
- C. medial and through an anterior calyx.
- D. lateral and through a posterior calyx.
- E. inferior and through an anterior calyx.

21. A newborn boy has a left-sided abdominal mass. Ultrasound reveals an infiltrative mass replacing the lower third of the left kidney. The right kidney appears to have a slightly increased echogenicity, but is otherwise normal. The next step is:

- A. bilateral needle biopsy of the kidneys, then chemotherapy.
- B. exploratory laparotomy and bilateral biopsy.
- C. left nephrectomy followed by chemotherapy.
- D. left lower pole partial nephrectomy followed by chemotherapy.
- E. left nephrectomy and surveillance.

22. The factor most likely to increase the risk of a perirenal hematoma after SWL is:

- A. hypertension.
- B. stone size > 2 cm.
- C. > 2,000 shocks.
- D. UTI.
- E. diabetes mellitus.



17. Antenatally diagnosed marked bilateral hydronephrosis is confirmed postnatally in a newborn girl. VCUG is normal. The next step is:

- A. magnetic resonance urogram.
- B. MAG-3 renal scan.
- C. DMSA renal scan.
- D. CT urogram.
- E. repeat ultrasound in two months.

23. During transvaginal repair of a high vesicovaginal fistula, a Martius flap is harvested, but is of insufficient length to reach the fistula site. The next step is:

- A. myocutaneous gracilis flap.
- B. gluteal flap.
- C. omental flap.
- D. peritoneal flap.
- E. myocutaneous labial flap.

24. A 26-year-old man undergoes orchiectomy for seminoma. Abdominal CT scan and tumor markers are negative. He elects surveillance. The most accurate statement regarding his outcome over the next two years is:

- A. similar risk of relapse as patients treated with XRT.
- B. 5% risk of visceral relapse.
- C. 5% risk of relapse with non-seminomatous elements.
- D. 15% risk of retroperitoneal relapse.
- E. 15% risk of pulmonary relapse.

25. A five-year-old boy has a two-week history of severe daytime urinary frequency. There is no history of UTI and urinalysis is negative. Physical and neurological examination are normal. The next step is voiding diary and:

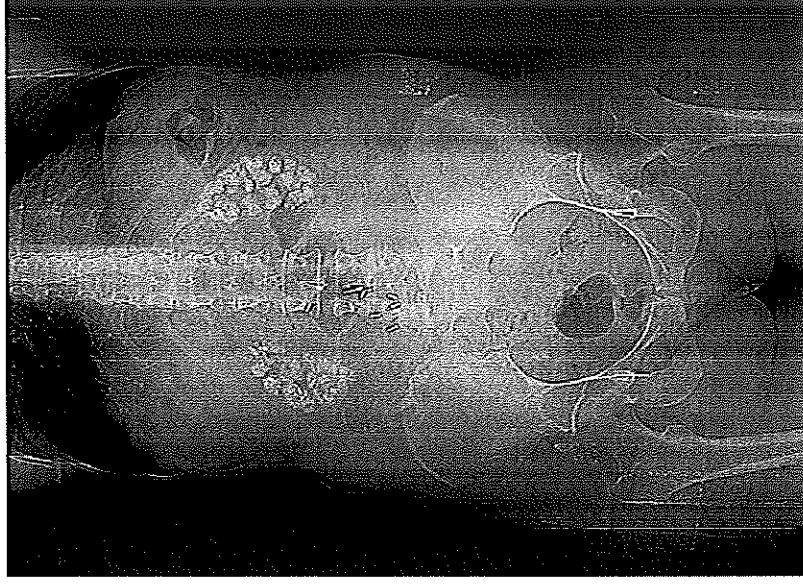
- A. reassurance.
- B. oxybutynin.
- C. tamsulosin.
- D. ultrasound.
- E. VCUG.

26. A 74-year-old man with a Studer ileal neobladder develops invasive urothelial carcinoma of the proximal urethra three years post-cystectomy. A metastatic evaluation is negative. The next step is:

- A. BCG instillation in the urethra and neobladder.
- B. urethrectomy and transverse colon loop construction.
- C. urethral laser fulguration.
- D. urethrectomy and continent cutaneous diversion.
- E. urethrectomy and use afferent limb for cutaneous diversion.

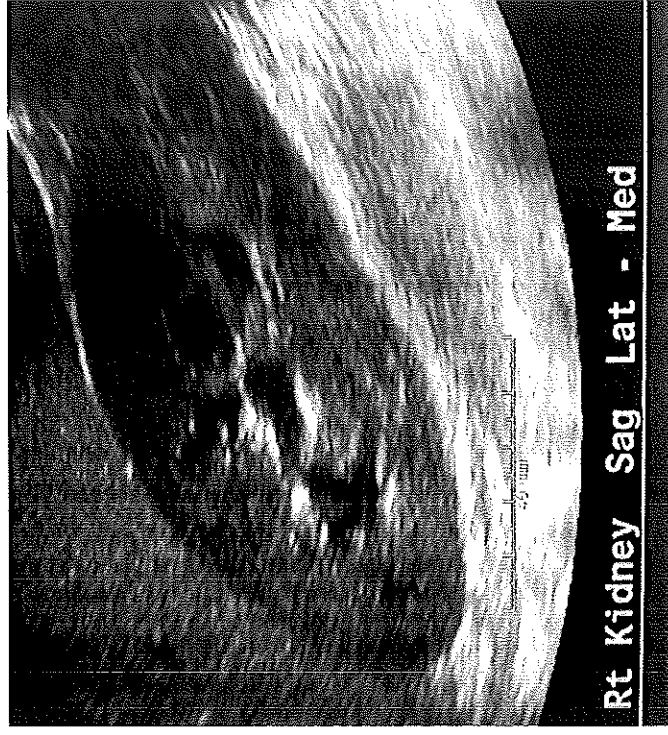
27. A 23-year-old woman has dull, persistent, bilateral flank pain. A scout CT image without contrast is shown. Serum calcium is 9.4 mg/dl and urine calcium on an unrestricted diet is 300 mg/day (normal < 250 mg/day). Urine culture is negative. The next step is:

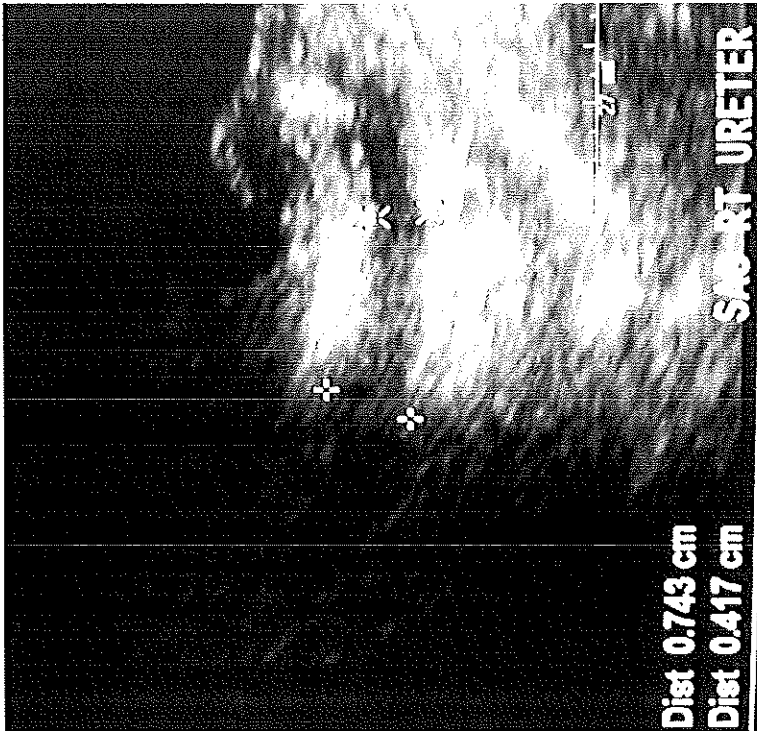
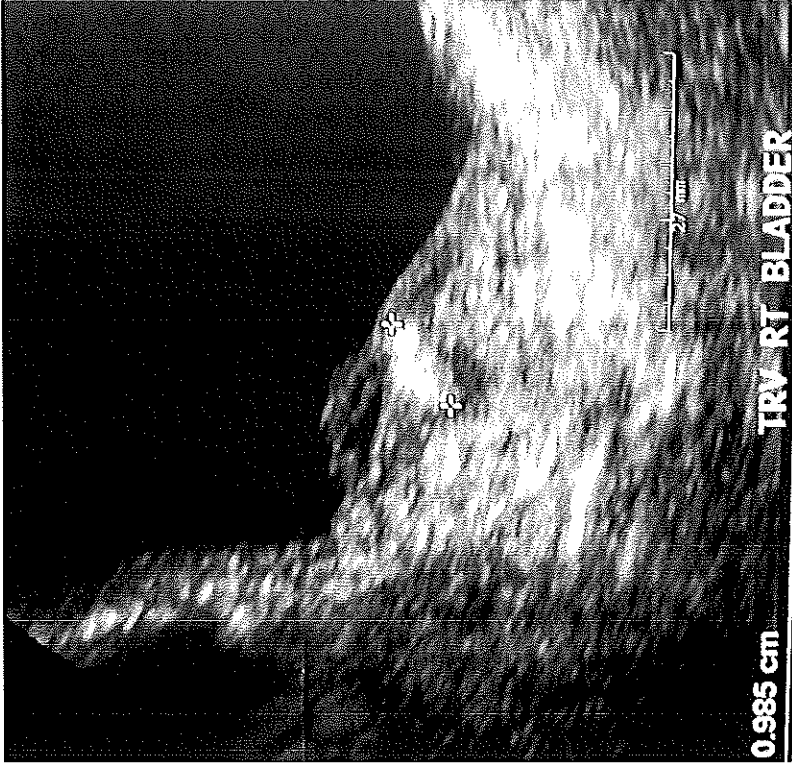
- A. observation.
- B. thiazides.
- C. potassium citrate.
- D. percutaneous nephrolithotomy.
- E. parathyroidectomy.



28. A 16-year-old phenotypic girl undergoes evaluation for primary amenorrhea. Testes are found on laparoscopic examination. Karyotype is 46 XY. If the gonads are not removed, the tumor most likely to develop is:
- seminoma.
 - Leydig cell tumor.
 - gonadoblastoma.
 - embryonal cell carcinoma.
 - teratoma.
29. A 36-year-old man with ejaculatory duct obstruction and a left varicocele has persistent azoospermia despite normalization of ejaculatory volume following TUR of the ejaculatory duct. The next step is:
- TRUS.
 - repeat TUR of the ejaculatory duct.
 - scrotal exploration and testis biopsy.
 - varicocelectomy.
 - donor insemination.
30. A 17-month-old boy has a firm, smooth testicular mass. Testicular ultrasound shows a 2 cm upper pole intratesticular cyst with preservation of the parenchyma. Tumor markers are negative. The next step is:
- transscrotal enucleation.
 - radical inguinal orchiectomy.
 - inguinal exploration with cyst enucleation.
 - cyst aspiration for cytology.
 - simple orchiectomy with placement of prosthesis.
31. A three-year-old boy has a 48-hour history of abdominal pain, fever, vomiting, bloody diarrhea, hematuria, and oliguria. Physical examination reveals mild peripheral edema. Laboratory evaluation demonstrates hemoglobin of 5 g/dl, thrombocytopenia, and serum creatinine of 3.2 mg/dl. The most likely etiology is infection caused by:
- streptococcus.
 - E. coli.
 - cytomegalovirus.
 - Clostridium difficile.
 - hepatitis C virus.
32. A 35-year-old man has persistent retroperitoneal lymphadenopathy after platinum-based chemotherapy for NSGCT. The parameter most predictive of finding only fibrosis in the retroperitoneum is:
- pre-chemotherapy lymph node size.
 - 75% reduction in size of the mass on CT scan.
 - pure embryonal cell carcinoma in the primary tumor.
 - pre-chemotherapy marker levels.
 - teratoma in the primary tumor.

33. A ten-year-old boy with acute lymphoblastic leukemia has right flank pain, nausea, and vomiting after chemotherapy. Urinalysis shows pH 5.5, 10-20 RBC/hpf, and 5-10 WBC/hpf, platelet count is 50,000/cu mm, and WBC is 3,500/cu mm. Ultrasound images are shown. The next step is:
- observation and antibiotics.
 - urine alkalinization.
 - SWL.
 - percutaneous nephrostomy.
 - ureteral stent.





34. A 42-year-old man had a right radical nephrectomy two years ago for a stage pT3aN0Mx RCC. He now has right hip pain. Bone scan shows intense uptake in the right hip area and plain films of the right femur show a 3.5 cm lytic lesion. The next step is:
- A. external beam radiation to the femur.
 - B. strontium-89.
 - C. internal fixation of the femur.
 - D. pain management.
 - E. systemic targeted therapy.

35. A three-year-old boy with thoracolumbar myelomeningocele has diurnal and nocturnal urinary incontinence. Renal ultrasound is normal and VCUG shows no VUR. Urodynamic study reveals total fill noncompliance with end-fill detrusor pressures of 50 cm H₂O at 150 ml. In addition to the poor compliance, there is intermittent detrusor overactivity beginning at 50 ml, with intermittent urge incontinence noted to be associated with the overactivity. Tonic external sphincter activity is noted with the leakage. The next step is:
- timed voiding.
 - antimuscarinics.
 - onabotulinumtoxinA to the external urinary sphincter.
 - onabotulinumtoxinA into the detrusor muscle and CIC.

36. During laparoscopic left radical nephrectomy, judicious placement of clips on the primary branches of the main renal vein is most important to facilitate:

- lymphadenectomy.
- en bloc excision with negative margins.
- adrenalectomy.
- application of the endovascular stapler onto the main renal vein.
- dissection and occlusion of the main renal artery(ies).

37. During laparoscopic live donor nephrectomy, the kidney becomes visibly pale with loss of turgor after 15 minutes of hilar dissection. The next step is:

- reduce insufflation pressure.
- fluid bolus.
- intraarterial papaverine.
- systemic heparin.
- convert to open nephrectomy.

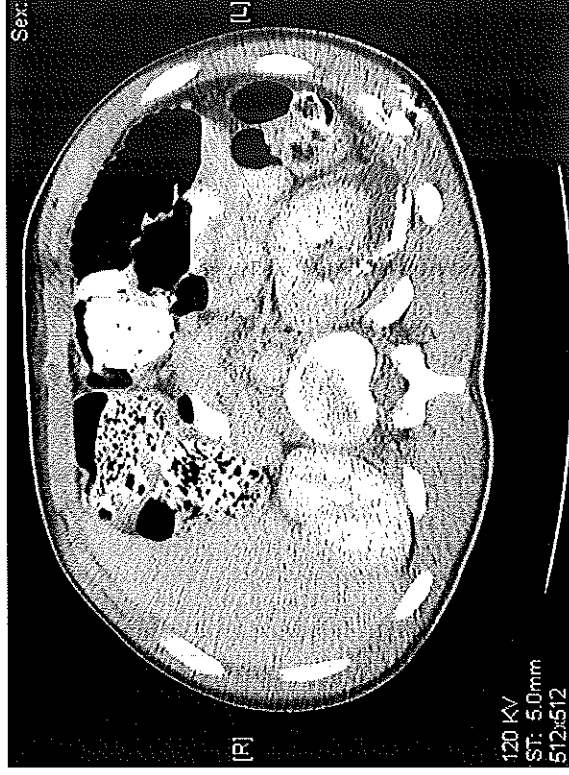
38. A 54-year-old man with prostate cancer has skeletal metastases. Three months after beginning LH-RH agonist therapy, his PSA is undetectable. The likelihood of developing further bone pathology is best reduced with:

- enzalutamide.
- abiraterone.
- bicalutamide.
- estramustine.
- denosumab.

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39. Following a snowboarding accident, a 13-year-old girl has gross hematuria and a renal injury. Eight days later, she has a persistent ileus and a low-grade fever. CT scan is shown. The next step is:

- urethral catheter placement.
- ureteral stent and urethral catheter placement.
- percutaneous nephrostomy.
- percutaneous drain placement.
- selective angiographic embolization.



40. A 52-year-old man with erectile dysfunction has a penile curvature less than 30° that developed spontaneously 18 months ago and is unresponsive to oral Vitamin E. Doppler ultrasound reveals normal bilateral cavernous arterial flow, mild venous leak, and dorsal penile plaque. The next step is:
- oral PDE-5 inhibitor.
 - intracavernous pharmacotherapy.
 - corporal plication.
 - plaque incision and grafting.
 - penile prosthesis surgery.

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41. A 25-year-old man undergoes a radical orchiectomy for a T2, predominantly embryonal cell carcinoma. Pathology reveals a 3 cm embryonal cell carcinoma with involvement of the rete testis and lymphovascular invasion. Serum markers and a chest and abdominal CT scan are normal. His semen analysis was normal. The treatment that offers the best chance for natural fertility on a long-term basis is:
- XRT.
 - surveillance.
 - modified RPLND.
 - single dose carboplatin.
 - two cycles BEP.

42. The cause of low urine pH in uric acid stone formers with type II diabetes mellitus is:

- glucosuria.
- type IV RTA.
- defective renal ammonia excretion.
- ketone body excretion.
- recurrent UTIs.

43. A 65-year-old man is treated with goserelin acetate and bicalutamide for a rising serum PSA following definitive XRT for Gleason 8 prostate cancer. Bone scan and CT scan are negative. In addition to the hormone therapy, he should have annual bone density scans and:

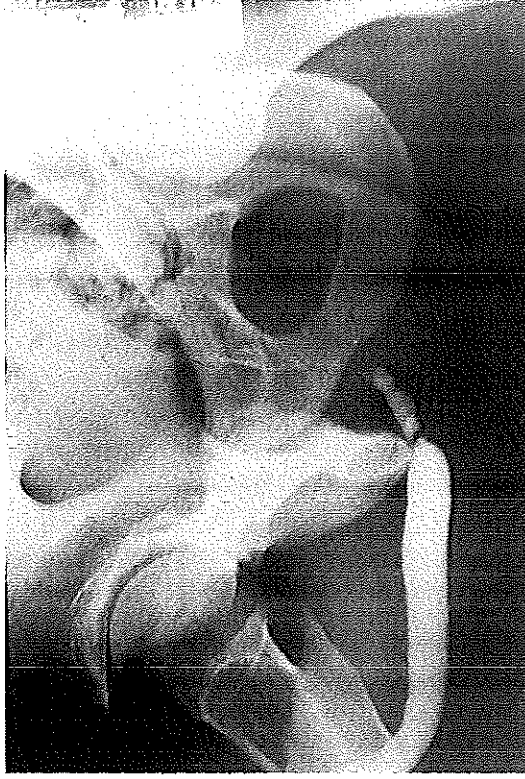
- observation.
- monthly zoledronate (Zometa).
- weekly alendronate (Fosamax).
- calcium and Vitamin D.
- denosumab.

44. Bladder relaxation during filling is accomplished by:

- stimulation of beta-3 adrenergic receptors via the hypogastric nerve.
- stimulation of alpha-1 d receptors via the hypogastric nerve.
- stimulation of alpha-1 a receptors via the hypogastric nerve.
- inhibition of sympathetic input from the spinal cord.
- inhibition of nicotinic receptors via the pelvic nerve.

45. A 32-year-old man has a weak urinary stream and recurrent UTIs. He has a known urethral stricture and has undergone three dilations in the past. Retrograde urethrography is shown. The next step is:

- cystoscopy.
- urethral ultrasound.
- VCUG.
- excision and primary anastomosis.
- urethroplasty with graft or flap.



46. Renal medullary carcinoma is characterized by:
- occurrence predominantly in the left kidney.
 - relatively indolent clinical course.
 - good response to cisplatin-based chemotherapy.
 - typically amenable to partial nephrectomy.
 - metastatic disease at presentation.

47. A 48-year-old man undergoes partial nephrectomy for a 3 cm renal mass. His flank drain is removed on the third postoperative day. Seven days later, he has clear fluid dripping from the flank drain site. He is otherwise asymptomatic. CT scan demonstrates a 5 cm by 10 cm fluid collection adjacent to the kidney with extravasation of contrast from the collecting system. The next step is:
- observation.
 - urethral catheter.
 - percutaneous drainage of fluid collection.
 - percutaneous nephrostomy.
 - ureteral stent.

48. For dosimetry planning for brachytherapy, the most accurate method to estimate prostate volume by ultrasound is based on:

- planimetry.
- a sphere.
- an ellipse.
- a prolate ellipse.
- a prolate sphere.

49. A 61-year-old man has a T1c, Gleason 7 prostate cancer with a PSA of 9.1 ng/ml. He has moderate LUTS and prostate volume of 42 ml. Before any treatment decisions are made, he should undergo:

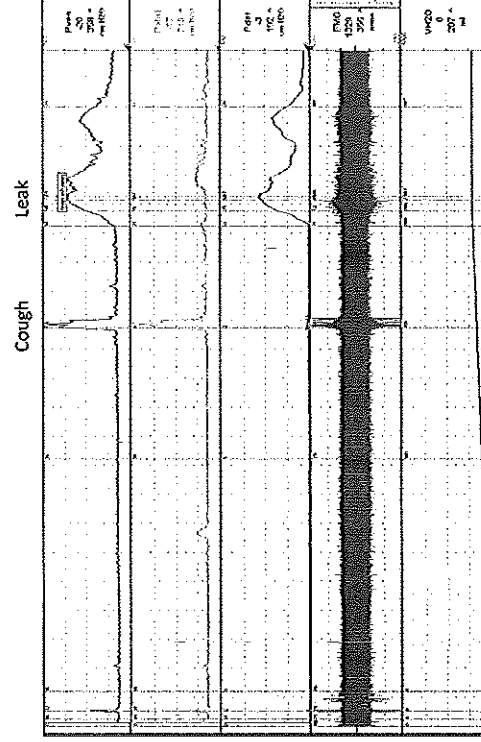
- CT scan of abdomen and pelvis.
- bone scan.
- urodynamics.
- assessment of life expectancy.
- molecular testing.

50. In a man who has good daytime continence following radical cystectomy and orthotopic neobladder, nocturnal incontinence is due to:

- damage to the urinary rhabdosphincter.
- neobladder hypercontractility.
- inadequate compliance of the neobladder.
- loss of afferent input from the detrusor to the central nervous system.
- damage to the inferior hypogastric nerve plexus.

51. A 24-year-old man with a T4 complete spinal cord injury has urinary incontinence despite CIC and maximal anticholinergic therapy. His urodynamic study is shown. He would like to be dry. He was injected with 300 units of onabotulinumtoxinA for lower extremity spasticity one month ago. The next step is:

- increase frequency of catheterization.
- immediate injection of 200 units onabotulinumtoxinA.
- injection of 200 units onabotulinumtoxinA in two months.
- sacral neuromodulation.
- artificial urinary sphincter.



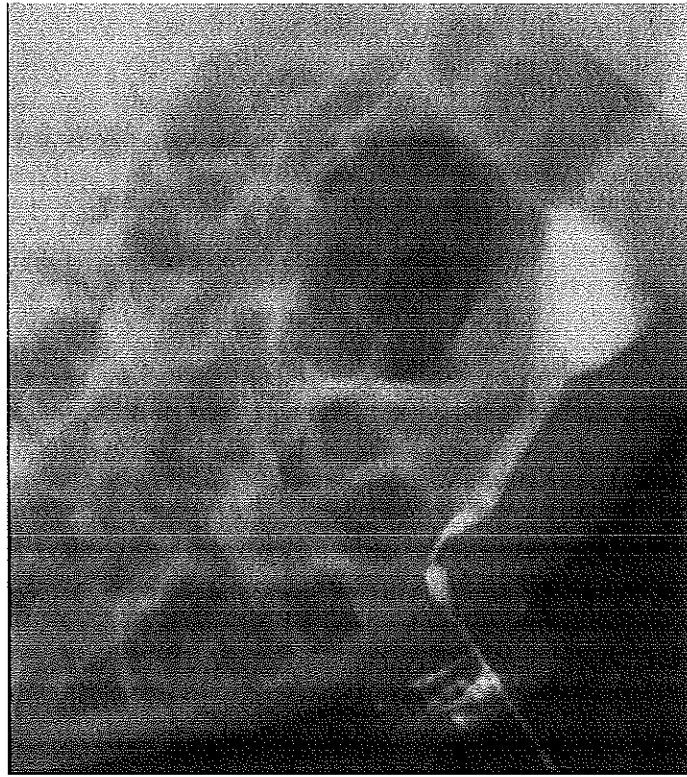
52. A 43-year-old man has a 4 cm micropapillary urothelial carcinoma that extensively invades the lamina propria near the bladder dome. Muscularis propria is present and uninvolved. The next step is:

- restage TURBT.
- partial cystectomy.
- neoadjuvant chemotherapy followed by radical cystectomy.
- radical cystectomy.
- chemotherapy.

53. Three years after radical cystectomy and orthotopic ileal neobladder, a 61-year-old man has chronic and severe diarrhea. The next step is:
- fluid restriction.
 - Metamucil.
 - loperamide.
 - Vitamin B12 replacement.
 - cholestyramine.
54. A 65-year-old woman undergoes ureteroscopic biopsy and laser ablation of a single right mid-ureteral tumor. Histology reveals a low grade Ta urothelial carcinoma. The next step is:
- CT urogram and urine cytology.
 - quarterly upper tract surveillance, urine cytology, and cystoscopy.
 - ureteral stent placement and BCG instillation.
 - nephrostomy and antegrade administration of BCG.
 - partial ureterectomy and Boari flap.
55. A 73-year-old woman with high-grade muscle invasive bladder cancer in the bladder neck and dome of the bladder as well as CIS desires an orthotopic urinary diversion. The strongest relative contraindication to this type of diversion would be:
- age.
 - multifocal disease.
 - presence of CIS.
 - preoperative unilateral hydronephrosis.
 - bladder neck involvement.
56. During an inguinal approach to a pediatric hernia, the ilioinguinal nerve can be separated from the cord structures by entering the:
- external oblique fascia.
 - cremaster.
 - internal spermatic fascia.
 - processus vaginalis.
 - Scarpa fascia.
57. A 32-year-old man with bilateral congenital absence of the vas deferens (CBAVD) is most likely to have:
- unilateral renal agenesis.
 - a brother with vasal agenesis.
 - hypospermatogenesis.
 - low semen volume.
 - Y chromosome microdeletion.

58. A three-month-old boy with a history of incised PUVs has a febrile illness. There is difficulty passing a catheter per urethra into the bladder to obtain a urine specimen. The most likely cause is:
- urethral stricture.
 - residual valve leaflet.
 - external sphincter spasm.
 - bladder neck hypertrophy.
 - false passage from previous catheterization.
59. A 37-year-old woman with recurrent stones is taking topiramate for migraine headaches. To minimize the risk of stones, the next step is:
- amiloride.
 - allopurinol.
 - potassium citrate.
 - calcium carbonate.
 - carbonic anhydrase inhibitor.
60. A 34-year-old man has priapism for more than 48 hours. He continues to have a firm, indurated penis despite a corporal-glanular shunt followed by a proximal corpora spongiosum shunt. The next step is:
- penile Doppler ultrasound and corporal blood gas determination.
 - continuous irrigation with an alpha-adrenergic agent.
 - systemic baclofen.
 - selective embolization of cavernosal artery.
 - penile prosthesis.
61. A 63-year-old man has an incidentally discovered 3.8 cm left adrenal mass with a negative endocrine evaluation. The test most likely to differentiate between malignant and benign histology is:
- MRI scan.
 - duplex Doppler ultrasound.
 - CT scan with and without contrast.
 - MIBG.
 - fluorodeoxyglucose PET.

62. A six-week-old asymptomatic boy has intermittent drainage from the umbilicus. A fistulogram with contrast injected through the umbilicus is shown. The next step is:
- topical silver nitrate to umbilical stump.
 - VCUG.
 - CT scan.
 - immediate excision with bladder cuff.
 - observation, excision at six months if symptoms persist.



63. The most common cause of hyperuricosuria is:

- gout.
- excess Vitamin C intake.
- dietary purine excess.
- decreased urinary volume.
- myeloproliferative disorders.

64. A 60-year-old man has a 3 cm squamous cell carcinoma of the penile urethra (3 cm from the meatus) and a palpable 2 cm right inguinal lymph node. Metastatic survey is otherwise negative. The next steps are partial penectomy and:

- right inguinal XRT.
- right inguinal lymphadenectomy.
- bilateral inguinal lymphadenectomy.
- cisplatin-based chemotherapy.
- S-FU and bilateral inguinal XRT.

65. An asymptomatic five-year-old boy develops gross hematuria two hours after wrestling with his younger brother. Physical examination is normal. The next step is:

- observation.
- serial examinations and hematocrit determination.
- ultrasound of bladder and kidneys.
- CT scan.
- cystoscopy.

66. A six-year-old boy with a history of myelomeningocele has two febrile UTIs six months after a bladder neck sling and appendicovesicostomy. An ultrasound shows normal upper tracts and VCUG shows new grade II/IV bilateral VUR. The next step is:

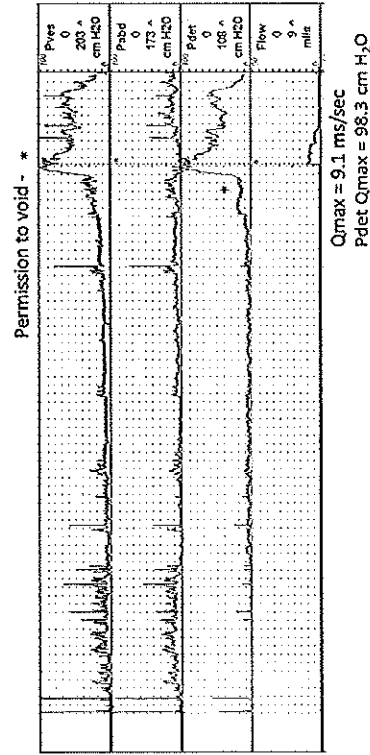
- increase CIC frequency.
- add antimetabolite therapy.
- urodynamics.
- MRI scan of spine.
- endoscopic correction of VUR.

67. Eight weeks following placement of a mid-urethral polypropylene sling, a 73-year-old woman has no leakage but reports difficulty voiding. Her urinalysis shows large numbers of RBCs and WBCs, and PVR is 300 ml. She is started on antibiotics. The next step is to teach her CIC and:

- A. pressure flow urodynamics.
- B. urethral dilation.
- C. tamsulosin.
- D. cystoscopy.
- E. incise sling.

68. A 55-year-old man has bothersome LUTS poorly responsive to medical therapy. Pressure-flow urodynamics are shown. He refuses therapy that may result in retrograde ejaculation. The next step is:

- A. TUIP.
- B. TUMT.
- C. prostatic urethral lift (UroLift™).
- D. photoselective vaporization of the prostate (PVP).
- E. Holmium laser enucleation of the prostate (HoLEP).



69. A 51-year-old man with a solitary kidney has multifocal high grade T1 urothelial carcinoma in the left upper pole and multifocal CIS in the left ureter three years after cystectomy and ileal conduit. The next step is:

- A. retrograde upper tract BCG.
- B. percutaneous resection followed by antegrade BCG.
- C. partial nephrectomy followed by retrograde upper tract BCG.
- D. nephroureterectomy.
- E. nephroureterectomy with conduit excision.

70. In a patient with Fournier's gangrene, the factors found to improve patient survival are early recognition of the diagnosis, aggressive surgical debridement, and:

- A. transfer to a tertiary care center.
- B. broad-spectrum antibiotic therapy.
- C. hyperbaric oxygen.
- D. aggressive glycemic control.
- E. placement of a suprapubic tube.

71. A 26-year-old man with complete C7 spinal cord injury managed by CIC has recurrent episodes of vague abdominal pain, severe headache, and diaphoresis. Imaging reveals a 12 mm obstructing radiolucent UPJ stone and urinalysis shows a pH of 5.0, 25-50 RBC/hpf, 0-5 WBC/hpf, and no bacteriuria. The next step is:

- A. urinary alkalinization.
- B. urinary alkalization and tamsulosin.
- C. stent placement.
- D. ureteroscopic intervention.
- E. percutaneous nephrolithotomy.

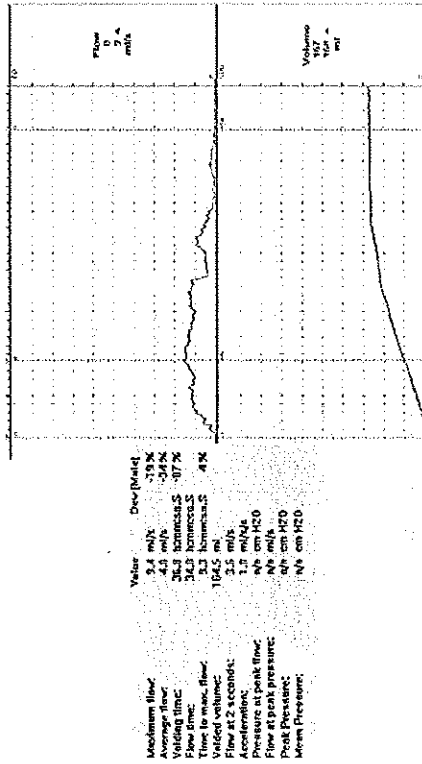
72. Six months following an uneventful transobturator mid-urethral sling, a 63-year-old woman with previous hysterectomy has a slightly bloody vaginal discharge, but no mesh is visible. Urinalysis is normal. The next step is:

- A. repeat examination in three months.
- B. vaginal estrogen and repeat examination in three months.
- C. cephalaxin and reevaluate in one month.
- D. cystoscopy.
- E. complete sling excision.

73. A 13-month-old girl has a fever of 38.5° C. A bagged urine specimen is positive for leukocyte esterase, negative for nitrites, and has no growth on culture at 24 hours. The next step is:

- A. observation.
- B. empiric antibiotics for UTI.
- C. catheterized urine specimen.
- D. suprapubic aspiration.
- E. renal bladder ultrasound.

74. A 60-year-old man with bothersome LUTS undergoes a non-invasive uroflow which is shown. He has a PVR of 100 ml. Based on these results:
- the study should be repeated until the total voided volume is greater than 180 ml.
 - he would likely be obstructed if he was ten years older with the same uroflow results.
 - he has a high likelihood of moderate to significant bother based on his AUA Symptom Score.
 - the cause of this patient's LUTS cannot be differentiated between obstruction and underactive bladder.
 - he would have a poorer outcome after prostatectomy compared to patients with a peak flow rate greater than 15 ml/sec.



75. Endemic bladder stones in children form due to high urinary excretion of:
- ammonia.
 - phosphate.
 - sodium.
 - calcium.
 - oxalate.

76. A 50-year-old man with multiple endocrine neoplasia II has hypertension resistant to three antihypertensives. An MRI scan shows a 3 cm adrenal mass. A plasma-free metanephrine is elevated, and he is placed on phenoxybenzamine which is increased to the maximal dose. Despite this, he continues to have episodic hypertensive crises associated with sweating and palpitations. The next step is:
- switch phenoxybenzamine to metyrapone.
 - addition of prazosin.
 - addition of metyrosine.
 - addition of clonidine.
 - immediate surgical removal.
77. A man with castration-resistant metastatic prostate cancer receives oral abiraterone acetate and prednisone. The toxicity most likely to require dose reduction or discontinuation is:
- hypertension.
 - fluid retention.
 - hypokalemia.
 - hepatotoxicity.
 - nephrotoxicity.
78. The most common complication associated with laparoscopic RPLND is:
- retrograde ejaculation.
 - bowel injury.
 - intraoperative bleeding.
 - chylous ascites.
 - prolonged ileus.
79. A six-month-old girl has a fever of 39° C, lethargy, and poor oral intake. Catheterized urine specimen demonstrates 2+ leukocyte esterase, positive nitrite, and few bacteria on microscopic examination. A urine culture is sent. The next step is:
- hold antibiotic treatment until the culture is finalized.
 - oral nitrofurantoin.
 - I.V. ceftriaxone.
 - renal and bladder ultrasound.
 - DMSA renal scan.
80. A four-year-old girl with spina bifida is wet between urethral catheterizations. Her detrusor LPP is 50 cm H₂O and her Valsalva LPP is 70 cm H₂O. She is started on oxybutynin. A repeat urodynamic study will reveal:
- unchanged detrusor LPP; unchanged Valsalva LPP.
 - unchanged detrusor LPP; increased Valsalva LPP.
 - decreased detrusor LPP; increased Valsalva LPP.
 - decreased detrusor LPP; decreased Valsalva LPP.
 - decreased detrusor LPP; unchanged Valsalva LPP.

81. To reduce post-operative pulmonary morbidity in smokers to the same level as non-smokers, patients should discontinue smoking for a minimum of:
- one month.
 - two months.
 - three months.
 - six months.
 - one year.

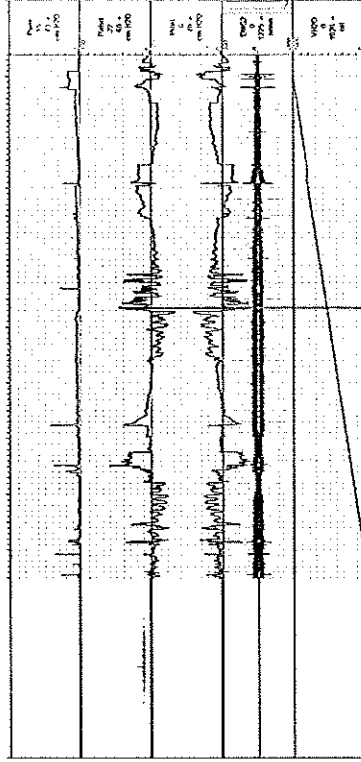
82. A 60-year-old man is diagnosed with a single focus of CIS of the bladder. He is treated with six doses of intravesical BCG. A month after his last dose, his cystoscopy is normal and his cytology is negative. The next step is:
- bladder biopsy to confirm complete response.
 - observation with regular surveillance cystoscopy and cytology.
 - maintenance BCG with the first of three weekly doses at three months.
 - maintenance BCG with the first of three weekly doses at six months.
 - maintenance BCG single monthly dose for one year.

83. A 68-year-old man has a posterior bladder injury during a low anterior resection for locally advanced colon cancer that is repaired primarily with a two layer repair. Postoperatively a urethral catheter is left indwelling. Serial postoperative cystograms obtained at three, six, and nine weeks following surgery reveal persistent extraperitoneal extravasation from the posterior bladder wall. A CT scan reveals no pelvic masses and no evidence of ureteral injuries. The next step is:
- repeat cystogram in three weeks.
 - cystoscopy and fulguration.
 - cystoscopy and biopsy.
 - primary repair and omental interposition.
 - suprapubic cystostomy.

84. A stone measures 15 mm on CT imaging. When estimating the stone size, ultrasound and KUB will respectively:
- overestimate, overestimate.
 - overestimate, underestimate.
 - underestimate, overestimate.
 - accurately estimate, underestimate.
 - underestimate, accurately estimate.

85. A 64-year-old man requires CIC to empty his bladder six months after a lumbar laminectomy. He denies incontinence between CIC. Urodynamics are shown. The next step is:

- continue CIC.
- antimuscarinics.
- alpha-blocker.
- onabotulinumtoxinA.
- lumbar to sacral nerve re-routing ("Xiao procedure").



86. The baseline sexual and ejaculatory function of a man with a complete L1 spinal cord injury is:
- reflex erection, no emission, and no ejaculation.
 - no erection, normal emission, and retrograde ejaculation.
 - no erection, no emission, and no ejaculation.
 - reflex erection, normal emission, and normal ejaculation.
 - reflex erection, normal emission, and retrograde ejaculation.

87. A 68-year-old man has received intravesical BCG therapy for bladder cancer. He is asymptomatic, but a new firm area in the prostate gland is noted on DRE. The serum PSA is 3.1 ng/ml. A TRUS-guided biopsy reveals a caseating granuloma. The next step is:

- A. observation.
- B. isoniazid for six months.
- C. cycloserine for six weeks.
- D. isoniazid and rifampin for three months.
- E. isoniazid, rifampin, and cycloserine for six months.

88. An eight-year-old boy with a history of incised posterior urethral valves has worsening hydronephrosis. His creatinine is 1.3 mg/dl. He is on a timed void interval, with a voiding calendar revealing he voids 400-500 ml every three hours. He has overnight urine output of 1000 ml and remains continent throughout the day and night. Videourodynamic reveals no urethral obstruction or reflux, with detrusor pressures of 40 cm H₂O at volumes 500 ml and end-fill detrusor pressures of 60 cm H₂O at volumes 700 ml. He voids with pressures generated from the noncompliant bladder with residual urines of 200 ml. The next step is:

- A. fluid restriction.
- B. oral anticholinergics.
- C. CIC.
- D. onabotulinumtoxinA.
- E. bladder augmentation.

89. A 31-year-old man undergoes bilateral testicular biopsy during evaluation for infertility. Left testicular biopsy reveals intratubular germ cell neoplasia (ITGCN). Scrotal ultrasound is normal except for a moderate left varicocele. The next step is:

- A. in vitro fertilization/intracytoplasmic sperm injection.
- B. left varicocele repair.
- C. low dose XRT to the left testis.
- D. left radical orchiectomy.
- E. single-dose carboplatin chemotherapy.

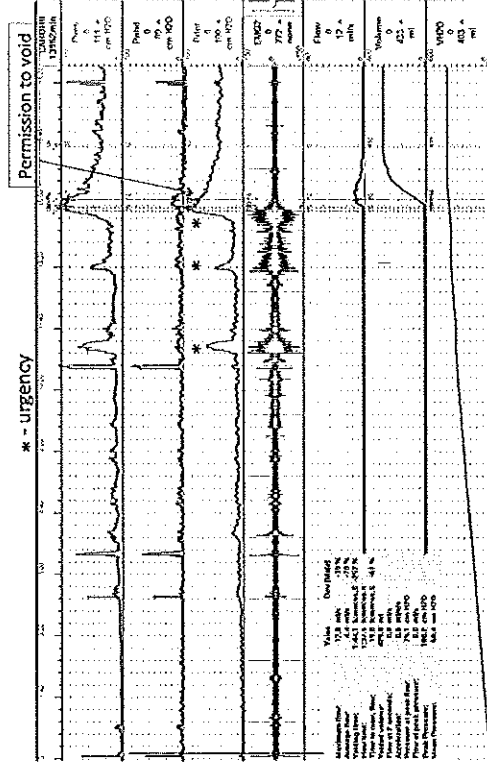
90. A 23-year-old man has buckling and pain during intercourse. On examination, he has minimal penile tenderness and swelling with no ecchymosis or hematoma. Urinalysis is normal. The next step is:

- A. Doppler ultrasound.
- B. MRI scan.
- C. infusion cavernosography.
- D. flexible urethroscopy.
- E. surgical exploration.

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91. A 58-year-old man with bothersome LUTS undergoes urodynamics as shown. His PVR urine is 0 ml. The likely etiology of his LUTS is:

- A. dysfunctional voiding.
- B. detrusor-external sphincter dyssynergia.
- C. benign prostatic enlargement.
- D. multiple sclerosis.
- E. Hinman syndrome.



92. A medication associated with an increased risk of C. difficile in hospitalized patients is:

- A. lansoprazole (PrevacidTM).
- B. metoclopramide (ReglanTM).
- C. dicyclomine (BentylTM).
- D. diphenoxylate and atropine (LomotilTM).
- E. alvimopan (EnteregTM).

93. Erythropoietin production in the kidney is regulated primarily by:

- A. angiotensin II.
- B. high oxygen tension.
- C. renin.
- D. hypoxia-inducible factor 1-alpha.
- E. testosterone.

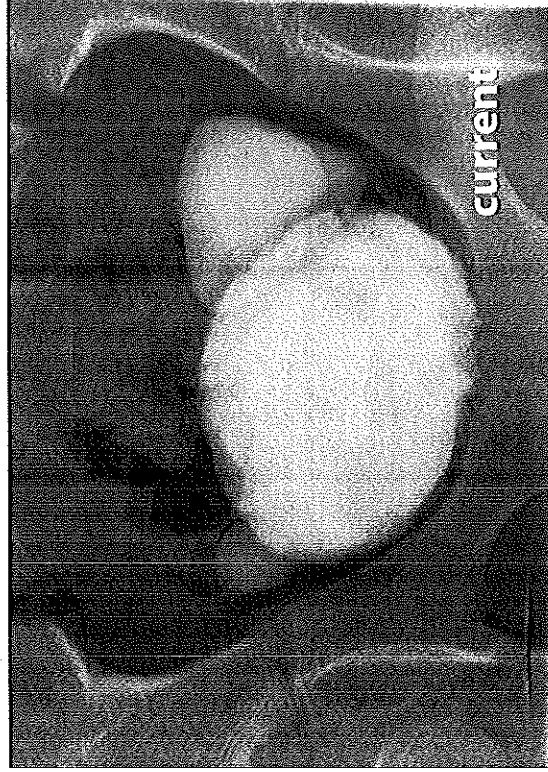
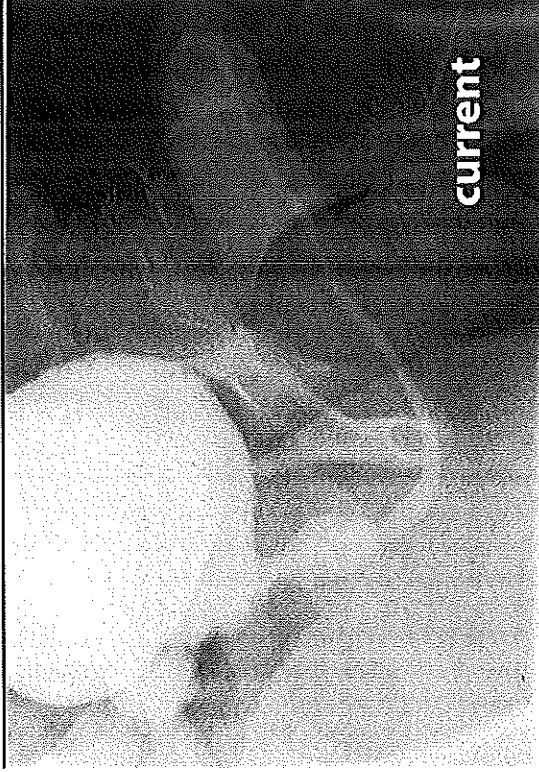
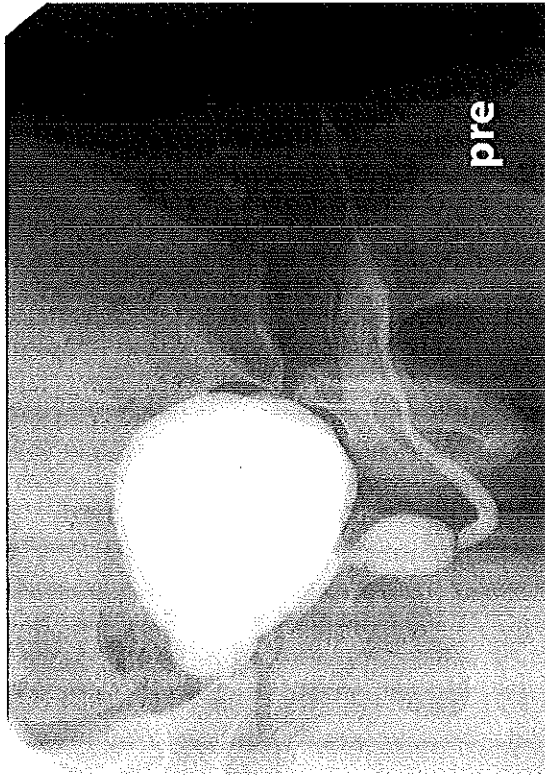
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94. A 54-year-old woman is diagnosed with CIS of the bladder. She is currently taking methotrexate and prednisone for severe rheumatoid arthritis. The next step is:
- intravesical BCG.
 - intravesical valrubicin.
 - intravesical gemcitabine.
 - taper off methotrexate and prednisone then administer BCG.
 - radical cystectomy.
95. A four-month-old uncircumcised boy is hospitalized for a febrile UTI. He has persistent fevers after 24 hours of appropriate I.V. antibiotic therapy. Renal and bladder ultrasound is normal. The next step is:
- continue current antibiotic regimen.
 - repeat urine and blood cultures.
 - VCUG.
 - CT scan.
 - circumcision.
96. A 26-year-old man is shot with a high velocity rifle in the lower abdomen. Exploration reveals a rectal injury which is repaired. Inspection of the left distal ureter reveals a 2 cm contusion. I.V. administration of methylene blue does not reveal a ureteral leak. He is hemodynamically stable. The next step is:
- observation.
 - ureteral stent placement.
 - percutaneous nephrostomy.
 - ureteroureterostomy.
 - ureteral reimplant.
97. A 62-year-old man with an ileal neobladder has a serum chloride of 114 mEq/l, potassium of 3.8 mEq/l, creatinine of 1.8 mg/dl, and bicarbonate of 16 mEq/l, despite low urinary residuals, normal upper tracts, and timed voiding every three hours. He has a history of hypertension and diabetes mellitus. The next step is:
- sodium bicarbonate.
 - sodium citrate.
 - potassium citrate.
 - chlorpromazine.
 - nicotinic acid.

98. A 60-year-old woman has chronic dysuria and suprapubic discomfort when her bladder is full and during voiding. She has a normal physical exam and urinalysis. Flow rate reveals a total volume voided of 100 ml, peak of 14 ml/sec, average of 8 ml/sec, and a postvoid residual urine of 0 ml. Cystoscopy reveals a focal ulceration on the right lateral wall. Cytology is normal. The next step is:
- antihistamines (loratadine).
 - tricyclic antidepressants (amitriptyline).
 - oral sodium pentosan polysulfate (Elmiron).
 - intravesical dimethyl sulfoxide (DMSO).
 - biopsy and fulguration.
99. A two-month-old girl with urosepsis has an ectopic ureterocele associated with moderate left upper pole hydronephrosis and bilateral VUR, grade 2 reflux to left lower pole, and grade 3 reflux to a right solitary collecting system. She has defervesced on I.V. antibiotics. The next steps are prophylactic antibiotics and:
- observation with repeat renal ultrasound and VCUG at one year of age.
 - transurethral incision of ureterocele.
 - left upper pole partial nephrectomy.
 - left upper to left lower pole ureteroureterostomy.
 - ureterocele excision and left common sheath ureteral reimplant and right ureteral reimplant.
100. A 50-year-old woman with a T4 complete spinal cord injury has been managed with an indwelling catheter since her injury ten years ago. She currently complains of constant leakage of urine around her 18 Fr urethral catheter. Examination reveals a patulous urethral meatus with a diameter of two fingers and a urethral length less than 1 cm. The next step is:
- 22 Fr catheter with 30 ml balloon.
 - peri-urethral calcium hydroxylapatite (Coaptite™) injection.
 - suprapubic tube.
 - bladder neck closure and suprapubic tube.
 - autologous fascial sling.
101. A 30-year-old man with primary infertility has a semen analysis that shows a 2.5 ml ejaculate volume, 50 million sperm/ml, and 1% motility. The morphology score and round cell concentration are normal. A repeat semen analysis is similar. The next step is:
- post-ejaculate urine analysis.
 - sperm viability testing.
 - transrectal ultrasound.
 - cystic fibrosis mutation screening.
 - semen white blood cell stain.

102. A 12-year-old boy has daytime urinary incontinence five years following transurethral incision of PUV. The preoperative VCUG and the current VCUG images are shown. The next step is:

- A. CIC.
- B. oxybutynin.
- C. biofeedback.
- D. transurethral incision of PUV.
- E. diverticulectomy.



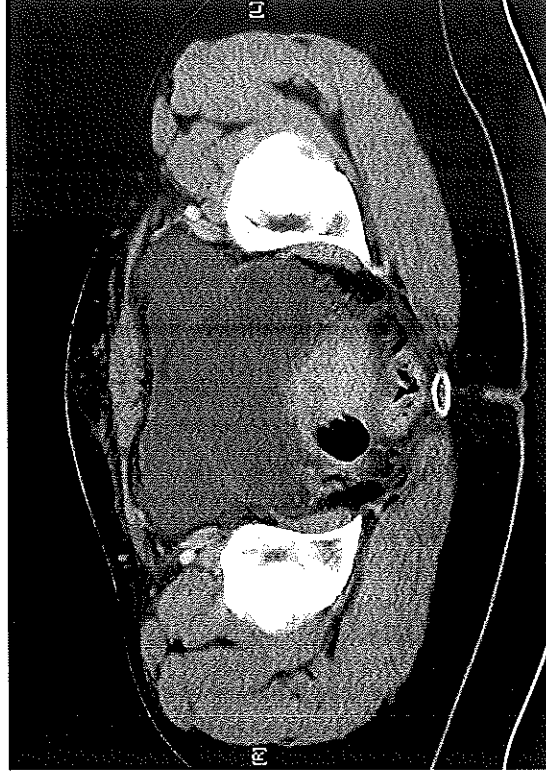
103. A 53-year-old woman has POP-Q stage 3 anterior compartment prolapse and urinary incontinence. No stress urinary incontinence is noted during urodynamics with cough or Valsalva maneuver performed at a maximum bladder capacity of 400 ml with or without reduction of pelvic organ prolapse by physical manipulation. The next step is:
- fill the bladder to 100 ml beyond maximal capacity and repeat stress maneuvers.
 - repeat urodynamic study with prolapse reduction performed by a vaginal pessary.
 - remove urethral catheter and repeat stress maneuvers.
 - proceed with prolapse repair with no anti-incontinence procedure.
 - proceed with prolapse repair with sling.
104. An 11-year-old girl undergoes bilateral inguinal hernia repairs. Gonads measuring 3.5 cm are found at the internal rings. Biopsies show seminiferous tubules with few germ cells, interstitial fibrosis, and no ovarian follicles. The external genitalia is female, and she has not yet started menses. The most likely diagnosis is:
- 45 XO Turner syndrome.
 - 46 XX congenital adrenal hyperplasia.
 - 46 XY complete androgen insensitivity syndrome.
 - 45 X/46 XY mixed gonadal dysgenesis.
 - 46 XY pure gonadal dysgenesis.
105. A 69-year-old woman has a 2.2 cm, biopsy-proven, grade 2, clear cell RCC and elects active surveillance. The next step is:
- renal ultrasound in six months.
 - CT scan in six months.
 - CT scan in one year.
 - fluorodeoxyglucose-PET imaging.
 - repeat biopsy in one year.
106. A 67-year-old man with a history of multifocal CIS is on maintenance BCG after a six-week induction course 18 months ago. He has positive voided urine cytologies with negative bilateral upper tract imaging and washings, normal appearing bladder, and normal random bladder biopsies. The next step is:
- fluorescent in situ hybridization (FISH) testing.
 - intravesical induction mitomycin C.
 - repeat induction BCG.
 - prostatic urethral biopsy.
 - ureteroscopy with biopsy.

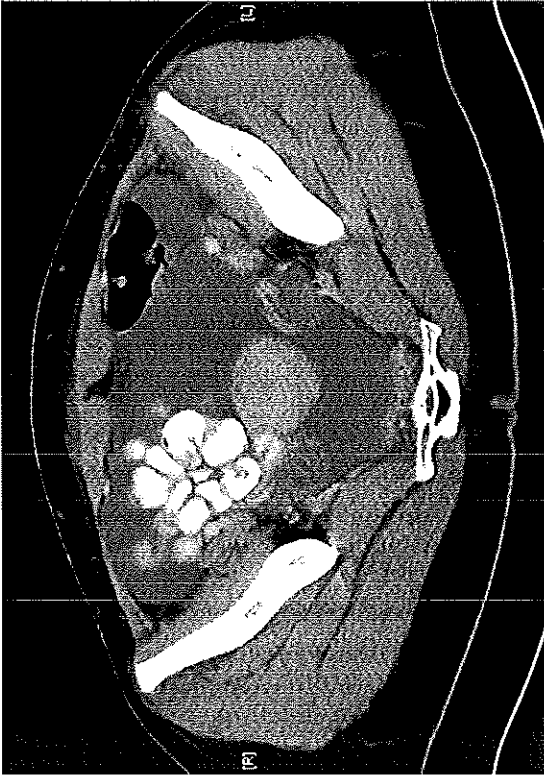
107. A 50-year-old man has autosomal dominant polycystic kidney disease, hypertension, and normal renal function. The best medication for his hypertension is a(n):
- alpha-blocker.
 - beta-blocker.
 - calcium channel blocker.
 - angiotensin receptor antagonist.
 - thiazide diuretic.
108. A 63-year-old man underwent a partial penectomy. Pathologic evaluation of the specimen reveals a grade 1, pT1 penile cancer without lymphovascular invasion. Physical examination reveals no palpable inguinal lymph nodes. The next step is:
- observation.
 - bilateral superficial inguinal lymph node dissection.
 - bilateral superficial and deep inguinal lymph node dissection.
 - diagnostic sentinel node biopsy.
 - prophylactic XRT to both groins.
109. The form of testosterone most commonly associated with erythrocytosis and an increased risk of thrombotic events is:
- topical gel.
 - transdermal patch.
 - oral.
 - sublingual.
 - intramuscular injection.
110. A ten-year-old boy has persistent dysuria. Serial urinalysis reveals a pH of 7.2, specific gravity of 1.025, protein is negative, 0-2 WBC/hpf, 20-30 RBC/hpf, and a negative urine culture. A renal bladder ultrasound and a VUCUG are normal. The diagnosis is best made by:
- KUB.
 - serum calcium-to-creatinine ratio.
 - 24-hour urinary calcium collection.
 - CT scan.
 - renal biopsy.
111. A 58-year-old man has asymptomatic non-metastatic castration-resistant prostate cancer demonstrated by a rising PSA on LH-RH agonist therapy. The next step is:
- observation.
 - bicalutamide.
 - sipuleucel-T.
 - abiraterone and prednisone.
 - enzalutamide.

112. A 35-year-old man with Crohn's disease and recurrent calcium oxalate stone formation should be counseled to restrict intake of dietary oxalate and:
- restrict intake of animal protein.
 - restrict intake of omega-3 fatty acids.
 - increase intake of calcium.
 - increase intake of pyridoxine.
 - initiate cholestyramine therapy.
113. A 63-year-old man has partial penectomy for squamous cell carcinoma invading the glans penis (pT2). Pelvic CT scan demonstrates a 1.5 cm right inguinal lymph node that cannot be palpated. The next step is:
- antibiotics and repeat CT scan in six weeks.
 - CT-guided aspiration of the suspicious node.
 - right sentinel node biopsy.
 - right inguinal node dissection.
 - bilateral inguinal node dissection.
114. An 18-year-old man with primary nocturnal enuresis is managed with oral DDAVP 0.6 mg/day. He has worsening nocturnal enuresis after starting college and increases his dose to 1 mg every night. He presents for a follow-up examination requesting another prescription for DDAVP. He is asymptomatic and a routine check of his serum sodium reveals a value of 129 mEq/L. After withdrawing the DDAVP, the next step is:
- water restriction.
 - oral furosemide.
 - oral sodium bicarbonate.
 - I.V. 0.5 NS and furosemide.
 - I.V. 3% hypertonic saline and furosemide.
115. A 65-year-old woman has recurrent metastatic RCC after undergoing radical nephrectomy for a pT4 papillary RCC. She has poor prognostic features by Memorial Sloan Kettering risk criteria. The next step is:
- interleukin-2.
 - bevacizumab.
 - sorafenib.
 - temsirolimus.
 - pazopanib.
116. The antibiotic of choice for a three-week-old girl with a febrile UTI and mild jaundice is:
- ampicillin.
 - ceftriaxone.
 - trimethoprim-sulfamethoxazole.
 - nitrofurantoin.
 - ciprofloxacin.

117. A 25-year-old man is referred from the drug and alcohol rehabilitation center. He complains of severe diurnal and nocturnal urinary urgency, frequency, and intermittent gross hematuria. Urine culture is negative. CT urogram reveals a small thick-walled bladder but is otherwise unremarkable. Cystoscopy reveals multiple glomerulations and petechial hemorrhages and no Hunner's lesions. Bladder biopsy shows severe inflammation and epithelial denudation. The most likely etiology is:
- ketamine abuse.
 - genitourinary tuberculosis.
 - malacoplakia.
 - herpes simplex virus.
 - cytomegalovirus.

118. A 25-year-old woman has mild abdominal pain and distension two weeks after left laparoscopic donor nephrectomy. She is afebrile with normal vital signs. CT scan is shown. Paracentesis is most likely to show elevated:
- bacteria.
 - RBCs.
 - creatinine.
 - triglycerides.
 - amylase.





119. A 68-year-old man with a history of superficial bladder cancer develops a severe anaphylactic reaction while undergoing surveillance surveillance flexible cystoscopy. The most likely causative agent is:

- A. glutaraldehyde.
- B. ortho-phthalaldehyde (OPA).
- C. peracetic acid.
- D. hydrogen peroxide.
- E. ethylene oxide.

120. A 43-year-old woman with autosomal dominant polycystic kidney disease has fever and left flank pain. She is treated with ciprofloxacin but after four days she remains febrile. A CT scan demonstrates that one of the cysts in the left kidney is 7 cm in diameter and has a thickened wall which enhances after contrast administration. Her serum creatinine is 1.2 mg/dl and her current urinalysis is within normal limits. The next step is:

- A. continue treatment.
- B. add gentamicin.
- C. add vancomycin.
- D. percutaneous cyst drainage.
- E. partial nephrectomy.

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121. A 35-year-old paraplegic man on CIC is referred for recurrent UTIs. Review of the patient history reveals that these are asymptomatic in nature and diagnosed by the family physician obtaining intermittent urine cultures. All cultures are positive for E. coli. CT urogram and cystoscopy are unremarkable. The next step is:

- A. observation.
- B. change to antibiotic-coated catheters.
- C. sterile CIC.
- D. suppressive antibiotics.
- E. gentamicin bladder irrigation.

122. A 44-year-old woman with an InterStim II™, sacral neuromodulation device, needs to undergo an MRI scan of the brain. The next step is:

- A. proceed with MRI scan.
- B. reprogram battery to MRI compatible setting.
- C. remove lead.
- D. remove battery.
- E. remove lead and battery.

123. A 78-year-old man undergoes an artificial urinary sphincter for severe stress urinary incontinence following radical prostatectomy and adjuvant radiation treatment for prostate cancer. He has a 4 cm cuff placed around the distal bulbar urethra. The risk factor which places him at highest risk for urethral erosion is:

- A. age.
- B. cuff size.
- C. cuff location.
- D. pelvic radiation exposure.
- E. history of radical prostatectomy.

124. A significant limitation of CT imaging for renal trauma is an inability to fully assess a:

- A. renal pelvis injury.
- B. renal vein injury.
- C. renal artery injury.
- D. parenchymal laceration < 1 cm.
- E. renal contusion.

125. An FDA approved clinical trial for placement of a sacral nerve stimulation device, exists for which clinical scenario:

- A. medication resistant urinary incontinence secondary to multiple sclerosis.
- B. bladder underactivity following a spinal cord injury.
- C. bladder underactivity following pelvic surgery such as a low anterior resection or hysterectomy.
- D. chronic prostatitis - pelvic pain failing traditional treatment modalities.
- E. medical refractory urinary and fecal incontinence associated with spina bifida.

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126. A 48-year-old man has undergone extensive penile skin debridement secondary to Fournier's gangrene. Reconstruction for the penile shaft should include the use of a(n):
- local skin flap.
 - meshed split thickness skin graft.
 - unmeshed split thickness skin graft.
 - meshed full thickness skin graft.
 - unmeshed full thickness skin graft.
127. Prior to surgery for uncomplicated stress incontinence in women, urodynamics is:
- necessary for all patients having sling surgery.
 - useful in determining which type of sling procedure (transobturator versus retropubic) to perform.
 - useful in determining prognosis following sling surgery.
 - able to determine prognosis following an autologous fascia sling only.
 - no better than a basic office evaluation in determining surgical outcomes.
128. While mobilizing the spleen during a left laparoscopic adrenalectomy, a 1.5 cm diaphragmatic injury is noted with entry into the pleural cavity. The patient remains hemodynamically stable. The next step is:
- pack defect, decrease insufflation pressure, and continue operation.
 - place chest tube in the second anterior intercostal space and continue operation.
 - repair diaphragm laparoscopically, aspirate pleural cavity, and continue operation.
 - continue procedure and repair diaphragm through specimen extraction site.
 - convert to open surgery, repair diaphragm, and complete adrenalectomy.
129. While using an argon beam electrocoagulator during a laparoscopic partial nephrectomy, poor tidal volumes are noted. The next step is:
- obtain deeper sedation.
 - increase ventilation rate.
 - add positive end-expiratory pressure (PEEP).
 - decrease CO₂ insufflation flow rate.
 - release pneumoperitoneum.
130. When compared to women undergoing a retropubic mid-urethral sling, women undergoing transobturator slings are more likely to experience:
- improved continence.
 - UTIs.
 - urinary retention.
 - bladder perforations.
 - neurologic complications.

131. A ten-month-old boy has persistent right hydroureteronephrosis with a negative VCUG. The right kidney contributes 35% of the total renal function and the T 1/2 is 30 minutes on MAG-3 renal scan after diuretic. The next step is antibiotic prophylaxis and:
- observation with repeat MAG-3 diuretic scan in one year.
 - percutaneous nephrostomy.
 - creation of a freely refluxing ureterovesical junction.
 - distal end cutaneous ureterostomy.
 - tapered ureteral reimplantation.
132. A 71-year-old woman has persistent bothersome stress incontinence six months following a transobturator mid-urethral sling. Videourodynamic studies show a Valsalva LPP of 55 cm H₂O with minimal urethral mobility and an open bladder neck at rest. The next step is:
- neurology evaluation.
 - Kegel exercises.
 - radiofrequency of bladder neck suspension.
 - autologous fascia sling.
 - artificial urinary sphincter.
133. A 55-year-old woman with multiple sclerosis has worsening urinary incontinence three weeks after undergoing an onabotulinumtoxinA injection. The next step is:
- start an antimuscarinic.
 - obtain a PVR.
 - perform a complete urodynamic study.
 - repeat onabotulinumtoxinA with higher dose.
 - initiate sacral neuromodulation.
134. A healthy 26-year-old man undergoes urethroplasty with buccal mucosa for a 5 cm bulbar urethral stricture. The most common form of sexual dysfunction he may experience postoperatively is:
- loss of libido.
 - erectile dysfunction.
 - ejaculatory dysfunction.
 - anorgasmia.
 - penile curvature.
135. Treatment with tadalafil 5 mg daily for the signs and symptoms of BPH and erectile dysfunction may result in improvements in:
- urinary flow rates and International Prostate Symptom Score (IPSS).
 - urinary flow rates and International Index of Erectile Function (IIEF).
 - IPSS and IIEF score.
 - IPSS if baseline evaluation score is > 18.
 - IIEF if baseline evaluation score is < 12.

136. A 31-year-old man desires a biological child. His physical exam is normal with 30 ml testes. He is azospermic and has a semen volume of 3.5 ml with a pH of 7.6. His FSH is 3.6 IU/l. The next step is:
- clomiphene citrate.
 - seminal fructose level.
 - post-ejaculate urine.
 - transrectal ultrasound.
 - testicular biopsy with sperm retrieval.
137. A 67-year-old man has erectile dysfunction after a myocardial infarction four months ago. He has retinitis pigmentosa and takes clopidogrel (Plavix). His testosterone is 195 ng/dl. The next step is:
- sildenafil 100 mg on demand.
 - daily tadalafil 5 mg.
 - daily testosterone gel.
 - intracavernous prostaglandin injection.
 - intraurethral alprostadil suppository.
138. A 43-year-old asymptomatic woman returns three days after an uncomplicated outpatient vaginal sling surgery with a vaginal pack still in place. The next step is to remove vaginal pack and:
- administer I.V. antibiotics.
 - call your malpractice insurer.
 - notify the insurer of the outpatient surgical center.
 - notify Joint Commission of Health (JCAHO).
 - report as a SERS (serious event reporting system) event.
139. A 63-year-old man with idiopathic thrombocytopenic purpura (ITP) requires pelvic exenteration. His platelet count prior to surgery was 50,000/cu mm. Venous thromboembolic prophylaxis should consist of:
- oral low dose aspirin.
 - oral warfarin.
 - oral pentoxifylline (Trental™).
 - subcutaneous heparin.
 - subcutaneous enoxaparin (Lovenox™).
140. Radiofrequency renal artery denervation for the treatment of medically refractory hypertension causes a(n):
- increase in plasma renin activity.
 - decrease in renal blood flow.
 - increase in renal efferent arterial tone.
 - decrease in sympathetic activity.
 - increase in parasympathetic activity.
141. A 45-year-old man with a T6 spinal cord injury managed with an indwelling urethral catheter is diagnosed with a 6 cm T2 high grade urothelial carcinoma with squamous differentiation. The tumor is located near the dome and random biopsies are negative. The metastatic evaluation is negative. The next step is:
- partial cystectomy.
 - cisplatin-based neoadjuvant chemotherapy.
 - Adriamycin™ based neoadjuvant chemotherapy.
 - chemotherapy and XRT.
 - radical cystoprostatectomy.
142. A 47-year-old man has a dorsal penile nodule for three months. There is a painful hourglass deformity upon erection. The next step is:
- anti-inflammatories.
 - vacuum erection device.
 - intra-lesional collagenase.
 - ESWL of penile plaque.
 - plaque incision and grafting.
143. A 38-year-old man develops a 5 mm ureteral stricture overlying the iliac vessels six months following ureteroscopy and stone basketing. The next step is:
- retrograde balloon dilation.
 - percutaneous nephrostomy and antegrade balloon dilation.
 - ureteroscopic endoureterotomy.
 - ureteroureterostomy.
 - ureteral reimplantation with psoas hitch.
144. One day following his first injection of his first cycle of intra-lesional collagenase (Xiaflex™) for Peyronie's disease, a 54-year-old-man experiences penile pain, edema, and ecchymosis after sex. The next step is:
- anti-inflammatory.
 - pressure dressing.
 - delay the second collagenase injection to greater than 72 hours.
 - cystoscopy.
 - penile exploration.
145. An antibiotic is being studied to test its ability to prevent UTI. The binary outcome measurement is the development of a UTI. Analysis of this binary variable would not include:
- t-tests.
 - chi-square.
 - Fisher's exact test.
 - logistic regression.
 - point-biserial correlation.

146. A seven-year-old boy with two 5 mm renal pelvis stones undergoes ureteroscopy and basket extraction of one stone. During reinsertion of the ureteroscope, a small ureteral perforation is identified. The next step is:
- remove ureteroscope and stop operation.
 - placement of a ureteral stent.
 - basket extraction of remaining stone and stent placement.
 - fragment stone into 1 mm fragments and stent placement.
 - stent and percutaneous nephrostomy tube placement.
147. A 22-year-old woman with ESRD and spina bifida undergoes pre-op transplant evaluation. Renal bladder ultrasound reveals moderate bilateral hydronephrosis associated with a full bladder. Videourodynamic reveals a total fill poorly-compliant bladder with detrusor pressures of 50 cm H₂O at 100 ml, associated with bilateral grade 2 VUR, and end fill detrusor pressure of 85 cm H₂O at 280 ml with overflow incontinence. She leaks urine several times a day despite CIC four times daily and obtains 250-300 ml/catheterization. The next step is:
- proceed with kidney transplant, then re-evaluate bladder.
 - bladder augmentation after kidney transplant.
 - bladder augmentation prior to kidney transplant.
 - bilateral native nephrectomies and augment prior to kidney transplant.
 - recommend against kidney transplant.
148. A healthy 55-year-old woman with rheumatic heart disease and a systolic murmur is about to undergo urodynamic testing. Urinalysis is negative. Appropriate antimicrobial prophylaxis includes:
- no antimicrobials.
 - amoxicillin.
 - fluoroquinolone.
 - trimethoprim-sulfamethoxazole.
 - gentamicin.
149. A 67-year-old man with a history of radical prostatectomy, cardiovascular disease, osteoporosis, and diabetes is planning to initiate testosterone therapy. Prior to initiating testosterone therapy, he should be counseled about an increased risk of:
- myocardial infarction and stroke.
 - prostate cancer recurrence.
 - insulin resistance.
 - anemia.
 - osteoporosis progression.
150. The use of fluorescence ("blue-light") cystoscopy has been shown to:
- decrease utilization of intravesical therapies.
 - decrease progression rates.
 - decrease cystectomy rates.
 - increase detection of CIS.
 - increase tumor detection after BCG.

Question #1

ANSWER=B

ACTH and serum potassium may increase aldosterone secretion but the effect is much less pronounced than that achieved by renin. The primary mechanism for control of aldosterone production resides in a feedback system involving the kidney and its juxtaglomerular apparatus. In the presence of appropriate stimuli (i.e., decreased renal perfusion pressure), juxtaglomerular cells release renin which results in the increased production of angiotensin II. Angiotensin II is a potent stimulator of aldosterone output from the zona glomerulosa of the adrenal cortex. Sodium concentration in the thick ascending Loop of Henle (not the proximal tubule or collecting duct) can also be sensed by the macula densa which can stimulate the release of renin.

Kutikov A, Crispen PL, Uzzo RG: Pathophysiology, evaluation, and medical management of adrenal disorders. Wein, AJ, Kavoussi LR, Novick AC, Partin AW, Peters CA (eds): CAMPBELL-WALSH UROLOGY, ed 10. Philadelphia, Elsevier Saunders, 2012. vol 2, chap 57, pp 1697-1698.

Question #2

ANSWER=D

Complications of partial nephrectomy include hemorrhage, urinary fistula formation, ureteral obstruction, renal insufficiency, and infection. Significant intraoperative bleeding can occur in patients who are undergoing partial nephrectomy. The need for early control and ready access to the renal artery is emphasized. Postoperative hemorrhage may be self-limiting if confined to the retroperitoneum with or without associated gross hematuria. The initial management of postoperative hemorrhage is expectant with bed rest, serial hemoglobin and hematocrit determinations, frequent monitoring of vital signs, and blood transfusions as needed. Angiography may be helpful if bleeding persists, to localize actively bleeding segmental arteries, which may be controlled by angiinfarction. Severe intractable hemorrhage may necessitate re-exploration with early control of the renal vessels and ligation of the active bleeding points. Ureteral stent is not indicated.

Kenney PA, Wotkowicz C, Libertino JA: Contemporary open surgery of the kidney. Wein, AJ, Kavoussi LR, Novick AC, Partin AW, Peters CA (eds): CAMPBELL-WALSH UROLOGY, ed 10. Philadelphia, Elsevier Saunders, 2012, vol 2, chap 54, p 1624.

Weizer A, Wolf JS: Complications of laparoscopic renal surgery. Taneja SS (ed): COMPLICATIONS OF UROLOGIC SURGERY, ed 4, Philadelphia, Elsevier Saunders, 2010, chap 29, p 349.

Question #3

ANSWER=C

Despite improvement in surgical techniques, stomal stenosis is still the most likely cause of the elongated dilated conduit with hydronephrosis and hyperchloremic acidosis. Therefore, the most appropriate treatment is revision of the stoma and shortening of the conduit.