Q.1 A 66-year-old man came in outpatients department with complaint of LUTS with no comorbid, DRE revealed a slightly enlarged prostate. PSA level of 8 ng/mL. Prostatic biopsy Gleason score 6 (3 + 3) adenocarcinoma in 6 of 12 specimens. His past medical history was unremarkable. Investigations Hb 15 g/mL, Creatinine 1.0, and Normal alkaline phosphatase and Liver function tests. Chest X-ray, bone scan, and abdominal CT scan were negative

a) What are the treatment options?
b) How will you treat this patient? Write down justifications.
c) What are the recent advances and their advantages in localized Ca Prostate?

Q.2 A sexually active married young man reports in outpatient clinic with the complaint of frank pus coming out through penis and burning micturition. Initially he is denying the history of extramarital contact but after counselling and pursuing he agrees for such contact one week back.

a) What laboratory investigations will you perform give only the list?
b) What are common sexually transmitted diseases write their names?
c) Write treatment options in Chlamydia Trachomitis?
d) In high risk patients when do you repeat HIV test if initial test is negative?

Q.3 A middle aged man of 48 years came to prostate clinic with the complaints of difficulty in micturition, he had increased frequency and urgency. His digital rectal examination reveals mildly enlarged prostate, uroflow test showed Q max of 12ml/s and he was retaining 120cc of urine.

a) What further investigations will you perform and why?
b) What are different treatment options enlist all
c) How would you counsel for surgery?
Q.4 A twenty eight years old male presented with complaints of left flank pain and haematuria on and off for three months. Ultrasonography showed left mild hydronephrosis, good cortex with a renal pelvic stone of 02 cms and normal right kidney. His CBC, renal function test, coagulation profile are within normal limits. Urinary culture did not reveal any organisms. His X-ray KUB does not show any radiopaque shadow in the urinary tract area.

a) Enlist the treatment options for this patient according to your priority.
b) Write down advantages and disadvantages of each modality of treatment (not more than 4 lines).

Q.5 A 30 years old young man with poorly controlled hypertension has been referred to you by a physician with suspicion of renovascular hypertension.

a) What functional studies will you perform for the confirmation of renal artery stenosis?
b) What interventional treatment options are available if the investigations confirm the presence of fibromuscular dysplasia with "string of bead" appearance involving the proximal 2/3rd of renal artery?

Q.6 On second post operative day a living related-donor renal transplant recipient has developed anuria. He is developing oedema and is restless. On clinical examination: anxious and tachypnoeic, BP 155/105 mmHg. There is generalized oedema and bilateral basal crepts.

a) Write down differential diagnosis.
b) Enlist necessary investigations with justifications.
c) How will you manage this patient?

Q.7 A 30 years old male presented with painless scrotal swelling on left side, of 3 weeks duration.

a) What is the differential diagnosis?
b) What investigations will you carry out and why?
c) Write briefly the treatment of seminoma testis.
Q.8 A 55 years old man underwent ureterorenoscopy for hydronephrotic kidney due to upper ureteric stone. Progress of instrument was difficult due to tight ureter, subsequently ended up into difficult withdrawing of instrument and ureteric injury and avulsion of ureter at proximal ureter 3cm from PUJ.

a) What are the different options to manage this patient?
b) How could we avoid this injury?

Q.9 A 2 year old male child was brought with the history of straining and crying during urination since birth with repeated febrile episodes. CBC shows leucocyte count of 18000/cm³, serum creatinine 2.5 mg%, serum K 6.0 mEq/L, HCO₃ 12 mEq/L, ultrasound bilateral moderate hydroureteronephrosis with left reduced cortex, distended bladder with wall thickness 6 mm. Blood C/S showed growth of E.coli.

a) Enlist initial management.
b) Enlist the further imaging investigations.
c) Enlist the special options for initial management and justify them.
d) Write down the possible long term outcome of this patient.

Q.10 A mother brought her 11 years old son with history of bed wetting at night. He has never been dry at night and causing embarrassment amongst his siblings. Detailed questioning revealed that his father also had this problem in his childhood.

a) What is this condition?
b) Enlist the aetiological factors proposed in its causation.
c) Write down management plan with reasoning.