Monash 2024.1 Practice Question

Question 1. A 70 year-old male presents with 24 hours of painful acute urinary retention.

List five obstructive and three non-obstructive potential causes (8 marks)

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| --- | --- |
| Obstructive | Non-obstructive |
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|  |  |

Question 2. The patient returns three days later with a paraphimosis from a failure to retract the foreskin during IDC insertion. The IDC remains insitu. Left untreated, what is primary complication of paraphimosis in this patient? (1 mark)

Question 3. List three interventions to treat the paraphimosis? (3 marks)

Model Answers

Question 1

|  |  |
| --- | --- |
| Obstructive | Non obstructive |
| * Intrinsic to urinary tract
	+ Urethritis (UTI)
	+ Urethral stricture
	+ Cystitis
	+ Urethral stone
	+ Blood clots
	+ Foley catheter malfunction
* Extrinsic to urinary tract
	+ BPH
	+ Prostate Ca
	+ Prostatitis
	+ Prostatic abscess
	+ Fecal impaction
	+ Balanitis or posthitis
	+ Phimosis or paraphimosis
	+ Abscess around urethral meatus
	+ Pelvic mass
	+ Aortic aneurysm
 | * Disruption of the urinary tract *(Could be considered obstructive also)*
	+ Urethral or penile trauma
	+ Bladder injury
* Problems with bladder emptying
	+ Neurogenic
		- Spinal cord trauma
		- **Spinal cord compression**
		- Multiple sclerosis
		- Guillain-Barré
		- Atonic Bladder
	+ Pharmacologic
		- Anticholinergics
			* Histamine (H1) receptor antagonists
			* Antipsychotics
			* Anticholinergics for chronic obstructive pulmonary disease
		- Tricyclic antidepressants
		- Opioids
* Psychogenic
	+ Anxiety
	+ Fear of painful urination
 |

Question 2. Left untreated, what is primary complication of paraphimosis in this patient? (1 mark)

*Glans Necrosis*

*Nb: Urinary obstruction/retention not applicable given IDC insitu*

Question 3. The patient returns three days later with a paraphimosis from a failure to retract the foreskin. How would you manage the paraphimosis? (3 marks)

* *Manual compression and reduction*
* *Application of granulated sugar, dextrose or ice*
* *Dundee technique: puncturing of glans with area with hypodermic needle multiple times followed by compression*
* *Urology referral for dorsal slit reduction if above measures fail*