Case-Based Discussion on Urological Diseases

Virtual Clinic Series - 1

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Which is the worst?

A Comparison Among Different Features of a Single Patient Complaint:

A Symptom-based Discussion

Symptoms Discussed

- Acute Scrotum
- Flank Pain
- Urinary Incontinence

Acute Scrotum:
which one is the worst?

- Case 1: Acute scrotal pain in a 26 YO man started from three days ago, gradual initial onset, no obvious LUTS, moderate Rt testis enlargement.
- Case 2: Acute scrotal pain in a multi-trauma patient admitted and catheterized last day.
- Case 3: Acute scrotal pain in a 13 yr old boy from 3 hours ago, no previous history, no LUTS, mild Rt testis Enlargement.

Acute Scrotum:

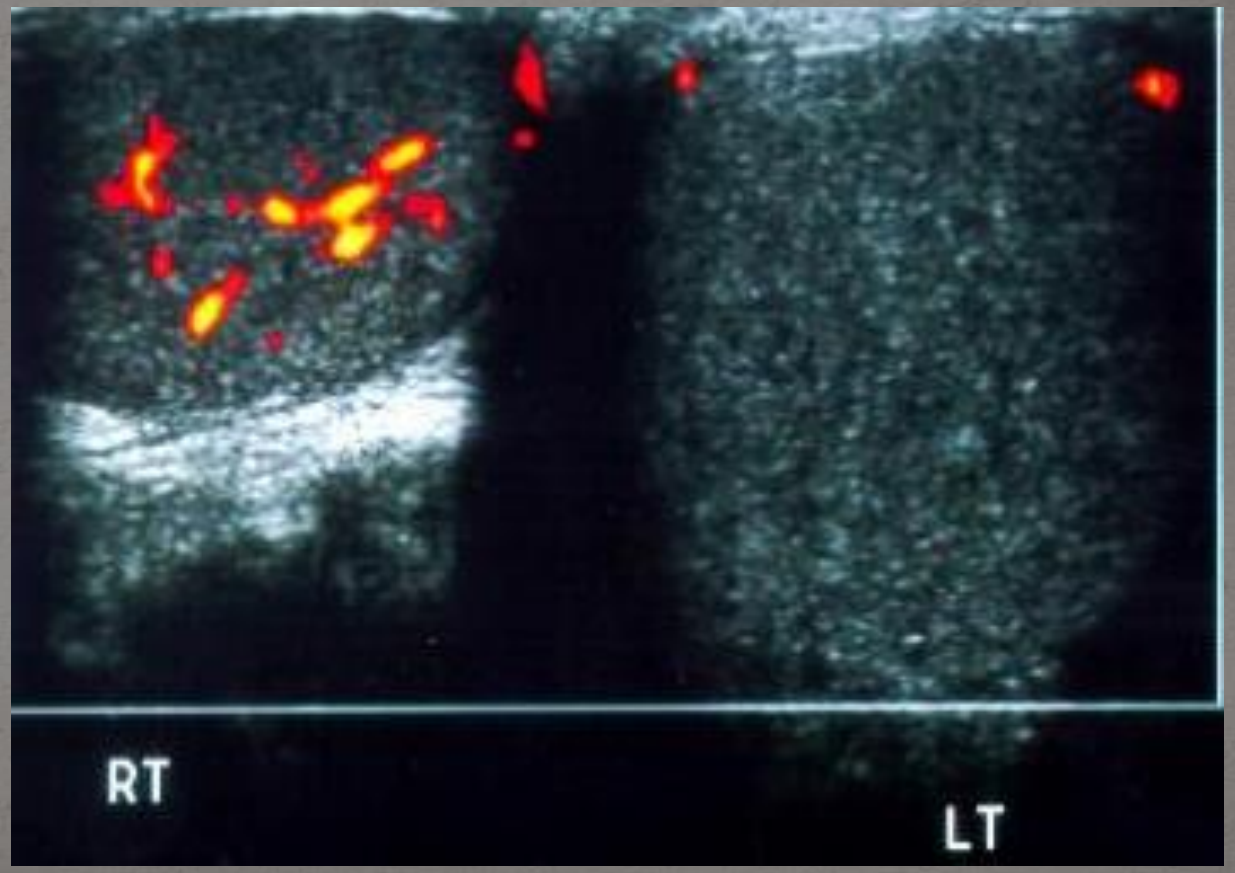
- Case 1: Acute scrotal pain in a 26YO man started from three days ago, gradual initial onset, no obvious LUTS, moderate Rt testis enlargement. (possibly Epididymitis)
- Case 2: Acute scrotal pain in a multi-trauma patient admitted and catheterized last day. (possibly Trauma or Epididymitis).
- Case 3: Acute scrotal pain in a 13 yr old boy from 3 hours ago, no previous history, no LUTS, mild Rt testis Enlargement. (possibly Testicular Torsion)

Inspection, physical exam

- LUTS
- Prehn's Sign (relieve with elevation in epididymitis)
- Cremaster reflex

What to confirm the diagnosis?

- U / A
- Grayscale sonography
- Dopplex sonography




Questions
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Answers
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Flank Pain:
which one is the worst?

- Case 1: A young man with acute left flank pain from 2 days ago, Moderate LUTS, resistant to different analgesic drugs, microscopic hematuria, no fever.

- Case 2: a young man with chronic right flank pain with a sudden start 6 months ago and gradual resolution, no hematuria, no LUTS, no fever.

- Case 3: A young woman with a chronic bilateral flank pain from 5 -6 years ago, worsening with cold weather, no hematuria, no fever.

Flank Pain:

- Case 1: A young man with acute left flank pain from 2 days ago, Moderate LUTS, resistant to different analgesic drugs, microscopic hematuria, no fever.

(Possibly Acute Renal Colic)

- Case 2: a young man with chronic right flank pain with a sudden colicky onset 6 months ago and gradual resolution, no hematuria, no LUTS, no fever.

(Possibly a Ureteral Impacted Stone)

- Case 3: A young woman with a chronic bilateral flank pain from 5 -6 years ago, worsening with cold weather, no hematuria, no fever.

(possibly Spastic or other non- urologic sources)

Physical exam

- General Condition
- Vital signs
- CVA tenderness
- Deep abdominal Exam
- Positional pain worsening

Paraclinic evaluations

- CBC
- Sonography
- KUB
- CT (wi[redacted]or without Contrast?)


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Urinary Incontinence:
Which One Needs Mostly Surgical Treatment?
Which One Is Less Possible to Resolve Completely

- Case 1: A 43 yr old woman with urgency to void, frequent urine loss (drops) before reaching the toilet.
- Case 2: A 39 yr old woman with frequent urine loss (drops) at coughing and sneezing.
- Case 3: A 65 yr old woman with poor-controlled diabetes and drop urine loss starting 1-2 hours after voiding.
- Case 4: A 47 yr old woman with non-stop urine loss after a hysterectomy operation 40 days ago.

Urinary Incontinence

- Case 1: A 43 yr old woman with urgency to void, frequent urine loss (drops) before reaching the toilet.

(Urge Incontinence)

- Case 2: A 39 yr old woman with frequent urine loss (drops) at coughing and sneezing.

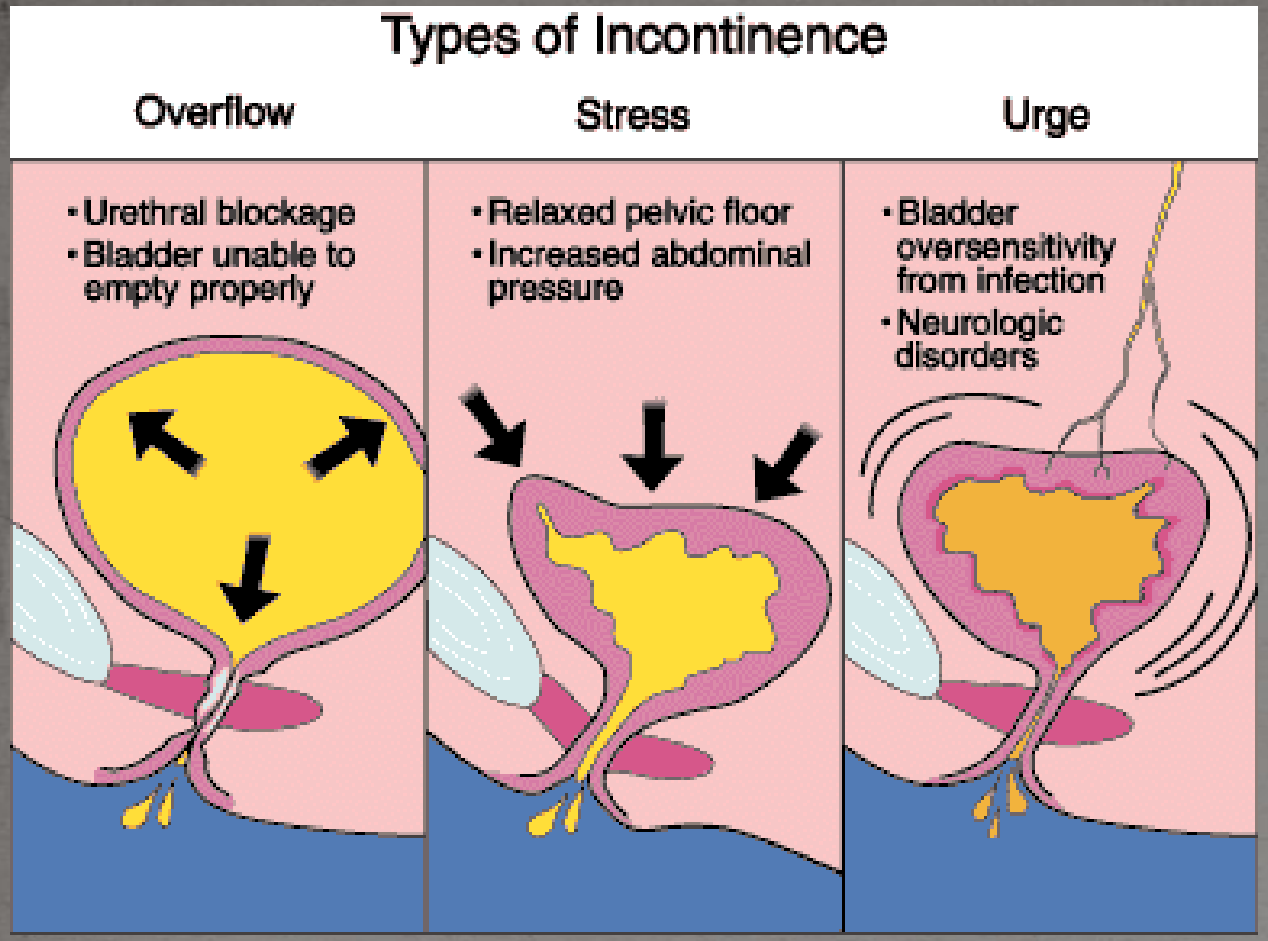
(Stress incontinence)

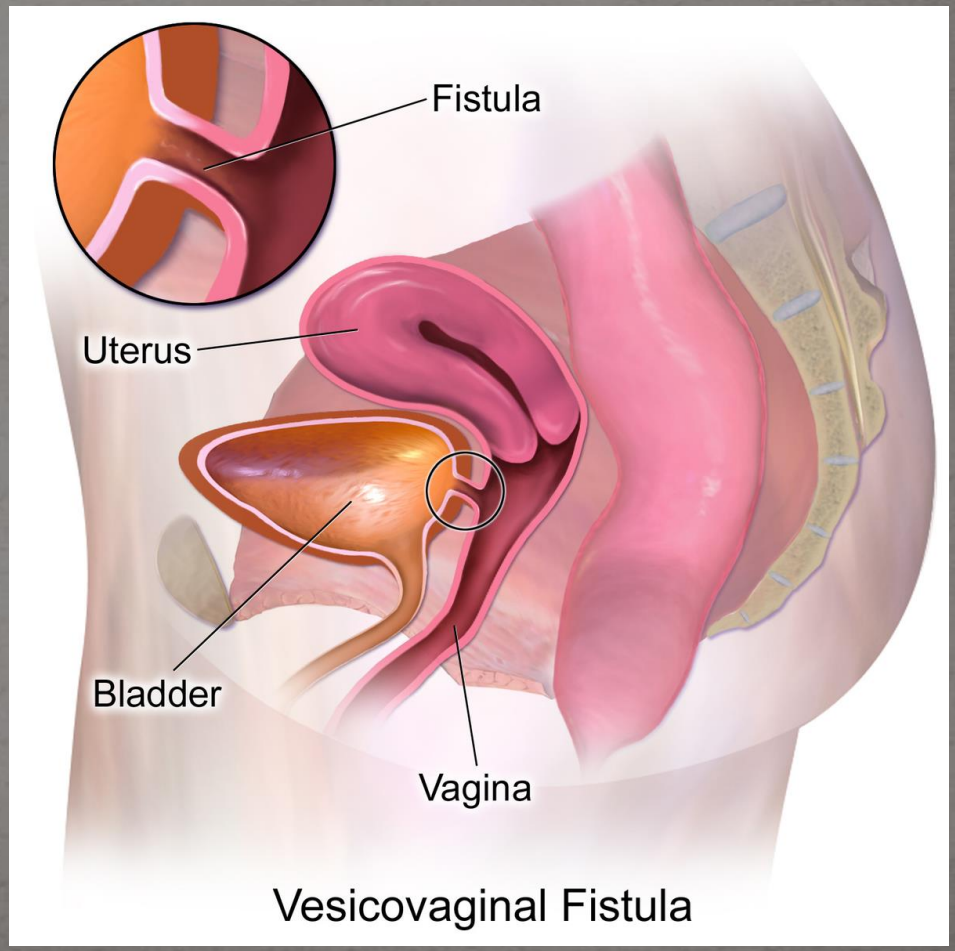
- Case 3: A 65 yr old woman with poor-controlled diabetes and drop urine loss starting 1-2 hours after voiding.

(Overflow incontinence)

- Case 4: A 47 yr old woman with non-stop urine loss after a hysterectomy operation 40 days ago.

(Vesico-Vaginal Fistula, Continuous Incontinence)


Types of Incontinence
Overflow
Stress
Urge
• Urethral blockage
• Bladder unable to empty properly
• Relaxed pelvic floor
• Increased abdominal pressure
• Bladder oversensitivity from infection
• Neurologic disorders


Fistula
Uterus
Bladder
Vagina
Vesicovaginal Fistula

Symptoms Show the Way!

Yes!

This is the Era of PET scan and strange tumor markers

But still you can, and you should

Rely on the Patient's Words


Q&A


Thanks for your attention