

# 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

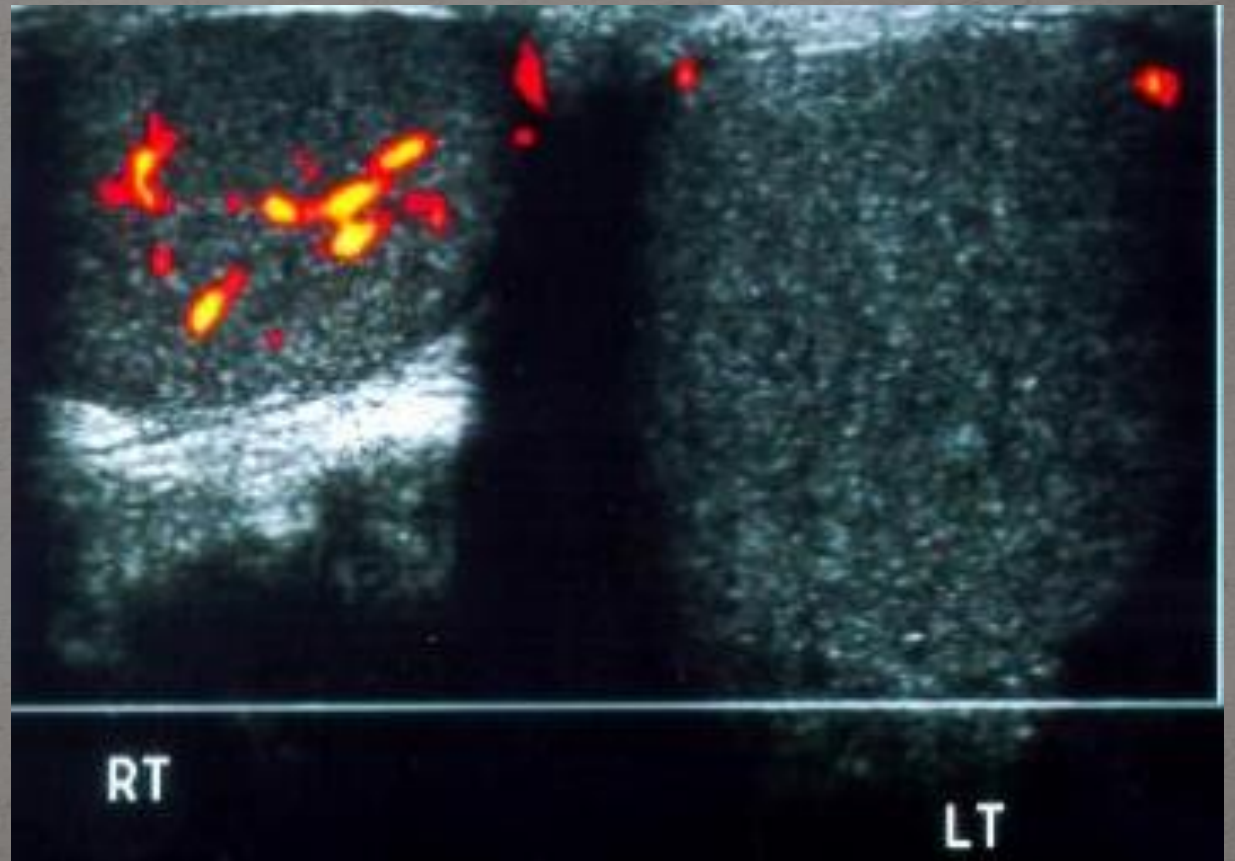
- Prehn's Sign (relieve with elevation in epididymitis)

- Cremaster reflex



# What to confirm the diagnosis?

- U / A
- Grayscale sonography
- Doppler 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 (with or without Contrast?)







## 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.

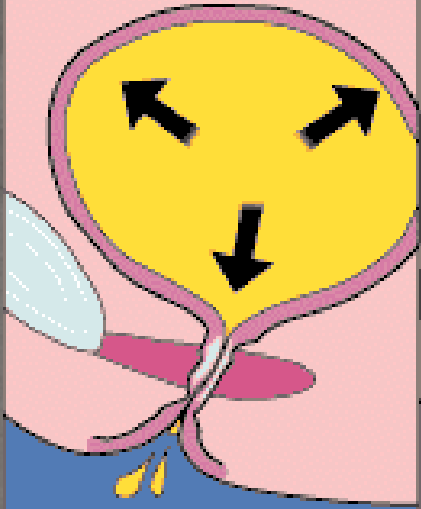
(Vesico-Vaginal Fistula, Continuous Incontinence)



# Types of Incontinence

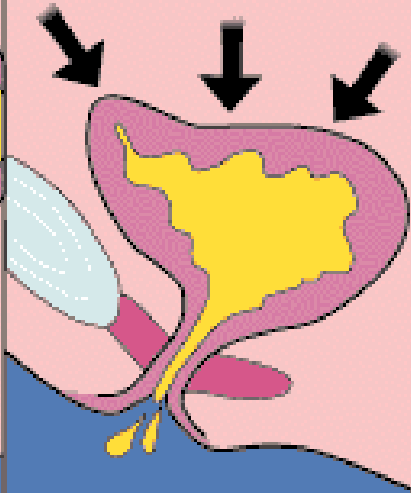
## Overflow

- Urethral blockage
- Bladder unable to empty properly



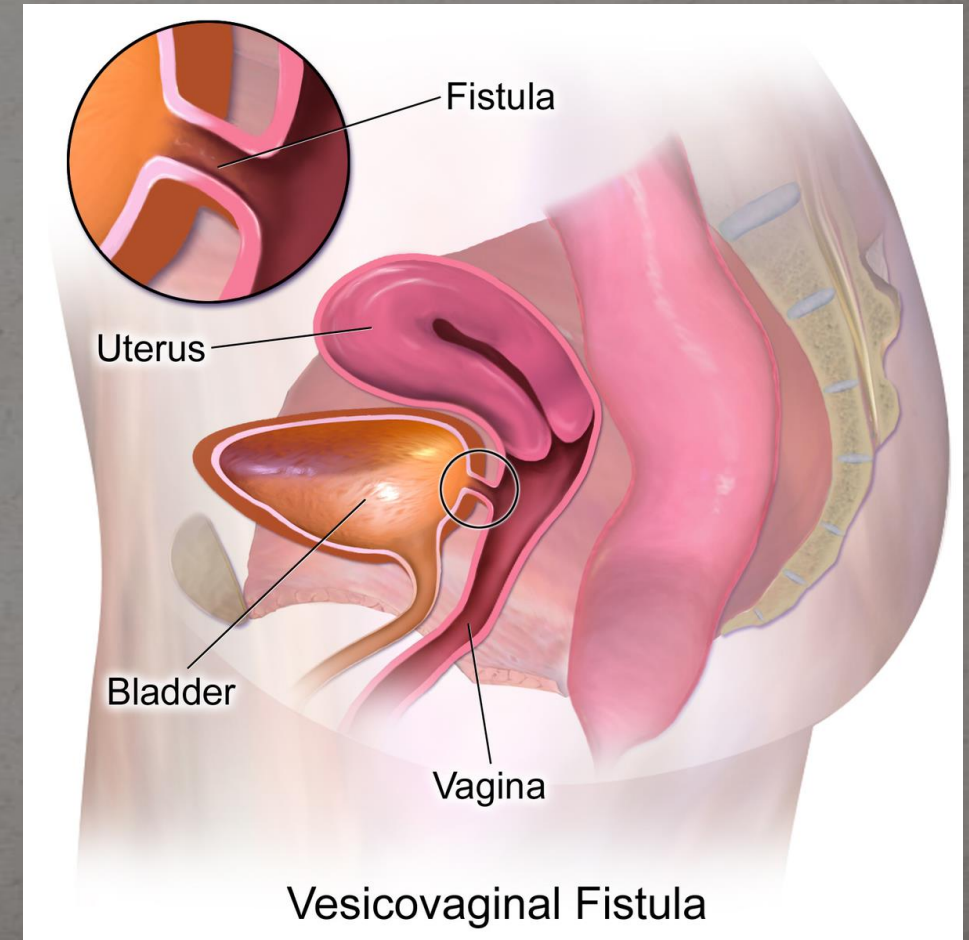
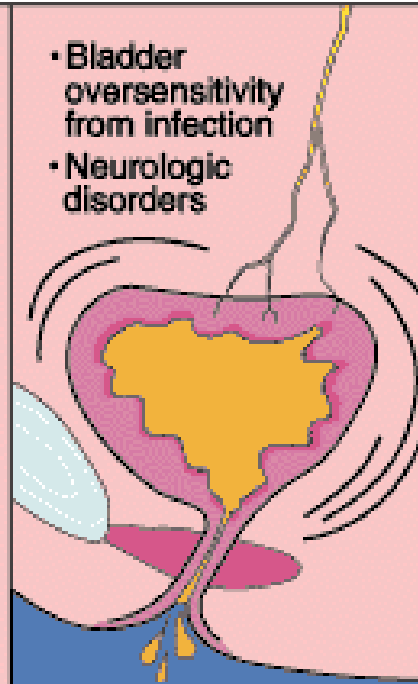
## Stress

- Relaxed pelvic floor
- Increased abdominal pressure



## Urge

- Bladder oversensitivity from infection
- Neurologic disorders



# 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**







Thanks for your attention