Management of urinary tract stones in Ghana: a national review and practice audit

1. Which anatomical location accounts for the majority of urinary stones in adults worldwide?

a. Urethra
b. Bladder
c. Upper urinary tract (kidney and ureter)
d. Prostate

2. According to current evidence and guidelines, which treatment is recommended as first-line for most ureteric stones larger than 10 mm?

a. Open ureterolithotomy
b. Ureteroscopy
c. Medical expulsive therapy
d. Observation only

3. Which factor commonly explains the persistence of bladder stones in many low- and middle-income settings, as discussed in recent literature?

a. High recurrence of metabolic stone disease
b. Association with bladder outlet obstruction
c. Excess dietary calcium intake
d. Widespread use of indwelling catheters alone

4. Which statement best describes the role of medical expulsive therapy (MET) in stone disease?

a. It is effective mainly for small distal ureteric stones
b. It is recommended for all renal stones
c. It replaces endoscopic surgery in most patients
d. It is no longer recommended in current practice

Clear cell renal cell carcinoma: atypical imaging presentation of Wunderlich syndrome

5. What is the most common histological subtype of renal cell carcinoma?

a. Papillary renal cell carcinoma
b. Chromophobe renal cell carcinoma
c. Clear cell renal cell carcinoma
d. Collecting duct carcinoma

6. Which clinical triad is associated with Wunderlich syndrome?

a. Haematuria, weight loss, hypertension
b. Flank pain, flank mass, hypovolaemic shock
c. Fever, chills, flank tenderness
d. Anaemia, jaundice, hepatomegaly

7. The presence of hyperdense foci on pre-contrast CT with arterial phase contrast blush is most suggestive of:

a. Active haemorrhage
b. Tumour calcification
c. Chronic fibrosis
d. Fat necrosis

8. For large and complex renal tumours, the preferred management approach when oncologic considerations predominate is:

a. Active surveillance
b. Thermal ablation
c. Partial nephrectomy
d. Radical nephrectomy

Prevalence and factors associated with erectile dysfunction among men attending Mulago Hospital's urology clinic: a cross-sectional study

9. What is the major benchmark that inspired the ED study in the Urology Clinic Mulago ~

a. Treatment failure
b. More funding
c. Low or underestimation of cases
d. Over-reporting or over-estimation

10. Which of the following study characteristics is a dependent variable

a. Socio-demographic factors
b. Erectile dysfunction
c. Surgical or medical related factors
d. Lifestyle-related factors

11. What age group formed the target population

a. 18-65 years
b. 18-70 years
c. 30-40 years
d. 35-60 years
e. 40-70 years

12. What is the most non-modifiable factor in the natural history of erectile dysfunction causation

a. Age
b. BPH
c. Urethral stricture
d. Alcoholism

Patient satisfaction and associated factors after urethroplasty for urethral stricture disease in northern Tanzania: a prospective cohort study

13. What was the primary tool used in this study to assess patient satisfaction after urethroplasty?

a. International Prostate Symptom Score (IPSS)
b. American Urological Association Symptom Score (AUA-SS)
c. Urethral Stricture Surgery Patient-Reported Outcome Measure (USS-PROM)
d. International Index of Erectile Function (IIEF)

14. At the three-month follow-up, what proportion of patients reported being *very satisfied* with their urethroplasty outcome?

a. 52%
b. 65%
c. 72%
d. 81%

15. Which factor was significantly associated with dissatisfaction after urethroplasty in this study?

a. Presence of comorbidities
b. Age ≥ 45 years
c. Penile urethral stricture location
d. Type of urethroplasty performed

16. Which of the following outcomes showed a significant improvement among patients who were satisfied with surgery?

a. LUTS severity only
b. Erectile function only
c. LUTS severity, quality of life, and urine stream strength
d. Urine culture sterility

Ureterocystoplasty in a teenage boy: a case report

17. Which of the following is true:

a. Bladder augmentation with small bowel is not associated with a malignancy risk
b. Vesicoureteric reflux precludes the use of a ureter for ureterocystoplasty
c. Transureteroureterostomy can be performed extraperitoneally during ureterocystoplasty
d. Demucosalised colon is most likely to produce an optimum bladder augmentation

18. While performing a unilateral ureterocystoplasty, which of the following is true:

a. The bladder should in clamed transversely over the dome to ensure success
b. A stent should always be inserted into the contralateral side for drainage
c. Perioperative bladder drainage is most appropriately with a urethral catheter
d. The midline anterior bladder incision extends to the dome, then to the ureter

19. To be able to perform a one ureter ureterocystoplasty, the ureter should

a. Always be attached to a significant part of the pelvis of the kidney
b. Ideally be at least 1.5 cm in diameter to be able to augment the bladder
c. Should be reimplanted into the bladder before the augmentation completion
d. Be used only in a patient who is infection-free at the time of the augmentation

20. Which of the following is most appropriate for a patient with a unilateral non-functioning kidney at the time of a ureterocystoplasty

a. Nephrectomy and ureterocystoplasty via two extraperitoneal approaches
b. Transperitoneal nephrectomy and ureterocystoplasty
c. Extraperitoneal trans ureteroureterostomy and ureterocystoplasty
d. Trans peritoneal ureteroureterostomy and extraperitoneal ureterocystoplasty

Assessment of knowledge among healthcare workers and resource availability for diagnosing Wilms tumour in northern Tanzania

21. According to the study findings, which diagnostic tool was consistently available at all studied healthcare facilities in northern Tanzania for the initial evaluation of Wilms tumour?

a. Magnetic resonance imaging (MRI)
b. Computed tomography (CT) scan
c. Kidney–ureter–bladder (KUB) ultrasound
d. Positron emission tomography (PET) scan

22. In this study, how were knowledge levels among healthcare workers categorised as "good"?

a. ≥ 50%
b. > 60%
c. ≥ 70%
d. ≥ 80%

23. Which professional cadre demonstrated the poorest understanding of Wilms tumour treatment options?

a. Medical doctors
b. Nurses
c. Clinical officers
d. Radiographers

24. What proportion of healthcare workers in the study had attended a paediatric cancer seminar?

a. 5.8%
b. 10%
c. 15%
d. 25%

To complete and submit this CPD activity go to https://www.mpconsulting.co.za/auj

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2026 Accreditation number: MDB015/0415/02/2026

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