

### Selective and super-selective angioembolisation for intractable haematuria of prostatic origin

1. Vascular access for angioembolisation of the prostatic artery is achieved via the

- a. Femoral artery
- b. External iliac artery
- c. Common iliac artery
- d. Radial artery

2. Post-procedural complications following angioembolisation include all, *except*

- a. Haematoma at the puncture site
- b. Suprapubic pain
- c. Low-grade fever
- d. Severe pain which requires opioid analgesics

3. The technical success rate of selective and super-selective angioembolisation is approximately

- a. 90%
- b. 60%
- c. 100%
- d. 50%

4. Unilateral embolisation of bleeding vessel for intractable haematuria of prostatic origin is preferred in patients with

- a. Benign prostatic hyperplasia
- b. Carcinoma prostate
- c. Bleeding following a TURP
- d. None of the above

### Circumcision practice among trained circumcisers in Ghana

5. Which of the following best defines male penile circumcision?

- a. Surgical removal of all of the foreskin
- b. Surgical removal of all of the penile skin
- c. Surgical removal of either all or part of the foreskin
- d. Surgical removal of part of the foreskin

6. Circumcision is performed for the following reasons, *except*

- a. Cultural reasons
- b. Medical reasons
- c. Religious reasons
- d. Sexual reasons

7. Which of the following is a device technique of circumcision?

- a. Amputation technique
- b. Dorsal slit technique
- c. Plastibel technique
- d. Sleeve technique

8. Which of the following is the commonest complication associated with circumcision?

- a. Bleeding
- b. Glans amputation
- c. Infection
- d. Urethral fistula

9. At which age is circumcision considered to be safest?

- a. Adolescent period
- b. Adulthood
- c. Infancy
- d. Neonatal period

### The dawn of minimal invasive surgical therapies for benign prostate hyperplasia in South Africa: water vapour energy ablation with Rezūm

10. Rezūm WAVE therapy differs from other minimally invasive surgical treatments (transurethral needle ablation [TUNA] and transurethral microwave therapy [TUMT]) in that:

- a. Rezūm uses conductive dispersion of energy, where energy delivery is maximal at the treatment point and exponentially decreases with increasing distance from the treatment point
- b. Rezūm uses convective dispersion of energy which allows equal dispersion of energy over a 1.5–2 cm treatment field
- c. Rezūm requires the procedure to be conducted under general or spinal anaesthesia
- d. Rezūm procedure takes proximally 30 minutes longer to complete.

11. Which one of the following is *not* a complication of the Rezūm WAVE procedure:

- a. Retrograde ejaculation
- b. Dysuria
- c. Haematuria
- d. Acute urinary retention

# CPD QUESTIONNAIRE

12. According to 5-year data from the Rezūm II trial, the surgical re-treatment rate at 5 years for patients who had undergone Rezūm treatment was:

- a. 1.7%
- b. 4.4%
- c. 9.2%
- d. 17.5%

13. Inclusion criteria (with regard to prostate size) for the Rezūm procedure during the pivotal Rezūm II trial were:

- a. < 45 cc
- b. > 70 cc
- c. 15–50 cc
- d. 30–80 cc

**Small cell neuroendocrine tumour of the bladder: a case report**

14. Which is the most common type of primary neuroendocrine tumour affecting the bladder?

- a. Large cell
- b. Small cell
- c. Paraganglioma
- d. Well-differentiated neuroendocrine tumour

15. Which immunohistochemical stains help differentiate neuroendocrine tumours from urothelial carcinomas?

- a. Chromogranin A, synaptophysin, CD 56
- b. Uroplakin
- c. Vimentin
- d. CD 45 (LCA)

16. What is the recommended treatment plan for patients with localised small cell neuroendocrine bladder tumours?

- a. Transurethral resection of bladder tumour with BCG chemotherapy
- b. Radical cystectomy only
- c. Neoadjuvant chemotherapy followed by radical cystectomy
- d. Radical cystectomy followed by adjuvant chemotherapy

17. What is the recommended chemotherapy regimen in patients with metastatic small cell neuroendocrine tumours of the bladder?

- a. Methotrexate, vinblastine, doxorubicin, cisplatin
- b. Cisplatin, methotrexate, vinblastine
- c. Gemcitabine, cisplatin
- d. Etoposide, cisplatin

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