

Pediatric Urology: Review Questions

Sajit Bux, MD

Stanley Zaslau, MD

William F. Tarry, MD

QUESTIONS

Choose the single best answer for each question.

1. Which of the following statements regarding simple cysts of the kidney in children is NOT correct?

(A) Cysts are bordered by a single layer of flattened cuboidal epithelium
(B) Cysts are more common in children than in adults
(C) Cysts can be filled with straw-colored fluid
(D) Cysts can occur within a kidney or on its surface

2. Which of the following is the most common malignant tumor in infancy?

(A) Neuroblastoma
(B) Rhabdomyosarcoma
(C) Teratoma
(D) Wilms' tumor

3. A 5-year-old boy comes to the clinic for evaluation of primary enuresis. His developmental history is unremarkable. The child was toilet trained at age 4 years. He has no accidents during the daytime, but he consistently wets his bed at night. Physical examination of the abdomen and genitalia shows no abnormalities; results of a urine culture are

negative for organisms. Which of the following is the most appropriate next step in the management of this child's enuresis?

(A) Behavioral modification
(B) Bladder training
(C) Imipramine
(D) Observation

4. At which of the following ages should treatment for pediatric primary enuresis be considered?

(A) 5 years
(B) 7 years
(C) 10 years
(D) 15 years

5. At which of the following ages should definitive treatment of an undescended testicle begin?

(A) 1 month
(B) 3 months
(C) 1 year
(D) 2 years

(turn page for answers)

Dr. Bux is a Senior Resident, Dr. Zaslau is an Assistant Professor, and Dr. Tarry is an Associate Professor, Section of Urology, Department of Surgery, West Virginia University, Morgantown, WV.

EXPLANATION OF ANSWERS

- (B) Cysts are more common in children than in adults.** Simple cysts of the kidney occur in fewer than 1% of newborns. The incidence of renal cysts increases with age. The cysts can be filled with clear or straw-colored fluid. The cysts can occur within a kidney or along its surface and are lined by a single layer of cuboidal epithelium.¹
- (A) Neuroblastoma.** Neuroblastoma is the most common malignant tumor in infancy and, after brain tumor, is the most common malignant solid tumor of childhood. It accounts for 8% to 10% of all childhood malignancies. One quarter of cases are diagnosed in the first year of life, and an additional quarter are diagnosed between age 1 and 2 years. Seventy-five percent arise in the retroperitoneum, 50% in the adrenal glands, and 25% in the paravertebral ganglia.¹ Teratoma is a germ cell tumor of the testis and accounts for 1% of all pediatric solid tumors. Rhabdomyosarcoma accounts for approximately 8% of all pediatric malignant diseases in patients younger than 15 years. Wilms' tumor is the most common malignant neoplasm of the urinary tract, with an incidence of 8% of solid tumors in children.
- (D) Observation.** Urinary incontinence occurs normally in infants and young children. In fact, 15% of children experience nocturnal enuresis, even at 5 years of age. In addition, spontaneous resolution occurs at a rate of 15% per year. In 99% of children, the problem is resolved by age 15 years.¹
- (B) 7 years.** There is no clear indication to begin treatment for primary enuresis at any particular age. The consensus among physicians is to begin treatment at age 7 years. It is at this time that parents and peers expect children to be dry. In addition, it is at this age that strong socialization patterns develop between children, and enuresis can interfere with social development.¹
- (C) 1 year.** Approximately 75% of cryptorchid testicles will spontaneously descend by age 3 months. Definitive repair is suggested at 1 year of age, because further descent is unlikely beyond this age. Repair after age 2 years can result in sequelae, such as testicular atrophy and impairment of spermatogenesis.¹

REFERENCE

- Walsh PC, Retik AB, Vaughan ED Jr, et al, editors. Campbell's urology. 8th ed. Philadelphia: Saunders; 2002: 2055–247.

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