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**Nursing** 

# **CBUNA-CURN**

CBUNA Certified Urologic Registered Nurse











#### **Question: 1**

Which of the following is a common cause of urinary tract inflammation?

- A. Urethral stricture
- B. Bladder cancer
- C. Testicular torsion
- D. Prostatitis

Answer: D

Explanation: Prostatitis, which refers to inflammation of the prostate gland, is a common cause of urinary tract inflammation. Urethral stricture can cause urinary flow obstruction but does not necessarily lead to inflammation. Bladder cancer is a neoplastic condition and may not directly cause inflammation. Testicular torsion involves twisting of the testicle and is not primarily associated with urinary tract inflammation.

# **Question: 2**

Which of the following is an example of a non-neurogenic cause of voiding dysfunction?

- A. Multiple sclerosis
- B. Spinal cord injury
- C. Benign prostatic hyperplasia
- D. Parkinson's disease

Answer: C

Explanation: Voiding dysfunction can be caused by various factors, including neurogenic and non-neurogenic causes. Benign prostatic hyperplasia (BPH) is a

non-neurogenic condition that commonly leads to urinary symptoms such as hesitancy, weak stream, and incomplete emptying.

# **Question: 3**

Which of the following is a common symptom of voiding dysfunction?

- A. Urgency
- B. Hematospermia
- C. Dyspareunia
- D. Dysuria

Answer: A

Explanation: Urgency, which refers to a strong and sudden urge to urinate, is a common symptom of voiding dysfunction. Hematospermia (blood in semen), dyspareunia (painful sexual intercourse), and dysuria (painful urination) are not typically associated with voiding dysfunction.

# **Question: 4**

Which of the following is a congenital anomaly of the urinary tract in children?

- A. Nephrolithiasis
- B. Vesicoureteral reflux
- C. Bladder diverticulum
- D. Renal cell carcinoma

Answer: B

Explanation: Vesicoureteral reflux (VUR) is a congenital anomaly of the

urinary tract commonly seen in children. It occurs when urine flows backward from the bladder into the ureters and, in some cases, reaches the kidneys. Nephrolithiasis refers to the formation of kidney stones and is not a congenital anomaly. Bladder diverticulum and renal cell carcinoma are conditions that can occur later in life and are not typically associated with congenital anomalies.

# **Question: 5**

Which of the following is a characteristic feature of obstructive uropathies?

- A. Increased urine output
- B. Fecaluria
- C. Urinary incontinence
- D. Hydronephrosis

Answer: D

Explanation: Hydronephrosis, which is the dilation of the renal pelvis and calyces due to obstruction, is a characteristic feature of obstructive uropathies. Increased urine output (polyuria) is not typically associated with obstructive uropathies. Fecaluria (presence of feces in the urine) is more commonly seen in certain conditions like a rectovesical fistula. Urinary incontinence may occur as a result of bladder dysfunction but is not a defining feature of obstructive uropathies.

# **Question: 6**

Which condition is commonly associated with obstructive uropathy?

- A. Urinary incontinence
- B. Urethral stricture
- C. Renal calculi
- D. Prostate cancer

#### Answer: B

Explanation: Obstructive uropathy refers to a blockage or obstruction in the urinary tract that impedes the normal flow of urine. Urethral stricture, which is the narrowing of the urethra, is a common cause of obstructive uropathy. Conditions such as renal calculi (kidney stones) and prostate cancer can also lead to obstructive uropathy, but urethral stricture is specifically associated with obstruction at the level of the urethra.

#### **Question: 7**

Which of the following is a characteristic feature of interstitial cystitis?

- A. Increased bladder capacity
- B. Hematuria
- C. Suprapubic pain
- D. Stress incontinence

Answer: C

Explanation: Interstitial cystitis is a chronic inflammatory condition of the bladder characterized by symptoms such as suprapubic pain, urinary frequency, urgency, and nocturia. Hematuria, increased bladder capacity, and stress incontinence are not typically associated with interstitial cystitis.

# **Question: 8**

Which of the following is a risk factor for the development of pediatric genitourinary cancers?

#### A. Advanced age

- B. Chronic alcohol consumption
- C. Sedentary lifestyle
- D. Family history of cancer

Answer: D

Explanation: A family history of cancer is a recognized risk factor for the development of pediatric genitourinary cancers. Advanced age, chronic alcohol consumption, and sedentary lifestyle are not specific risk factors for pediatric genitourinary cancers.

#### **Question: 9**

Which of the following is a treatment option for erectile dysfunction?

- A. Bladder training
- B. Penile prosthesis
- C. Kegel exercises
- D. Anticholinergic medication

Answer: B

Explanation: A penile prosthesis is a treatment option for erectile dysfunction when other conservative measures have failed. It is a surgically implanted device that allows for the mechanical creation of an erection. Bladder training and Kegel exercises are interventions primarily used for urinary incontinence, not erectile dysfunction. Anticholinergic medication is used to treat overactive bladder, which may have some overlap with erectile dysfunction but is not a direct treatment for the latter.

**Question: 10** 

Which of the following is a common pediatric neoplasm of the kidney?

- A. Wilms tumor
- B. Transitional cell carcinoma
- C. Renal cell carcinoma
- D. Bladder carcinoma

Answer: A

Explanation: Wilms tumor, also known as nephroblastoma, is the most common pediatric neoplasm of the kidney. It primarily affects children between the ages of 2 and 5 and is typically characterized by the presence of a palpable abdominal mass. Transitional cell carcinoma, renal cell carcinoma, and bladder carcinoma are more commonly seen in adults.

#### **Question: 11**

Which anatomical structure gives rise to the embryonic kidney?

- A. Mesonephros
- B. Ureteric bud
- C. Pronephros
- D. Metanephros

Answer: D

Explanation: The metanephros is the embryonic structure that gives rise to the permanent kidney in humans. The pronephros and mesonephros are transient structures that develop earlier in embryonic development but do not contribute to the formation of the functional kidney. The ureteric bud is an outgrowth of the mesonephric duct that plays a crucial role in kidney development.

# **Question: 12**

Which medication is commonly used for the treatment of erectile dysfunction?

- A. Tamsulosin
- B. Oxybutynin
- C. Sildenafil
- D. Finasteride

Answer: C

Explanation: Sildenafil is a medication commonly used for the treatment of erectile dysfunction. It belongs to a class of drugs called phosphodiesterase type 5 (PDE5) inhibitors, which help increase blood flow to the penis, thereby facilitating erections.

#### **Question: 13**

Which imaging modality is commonly used for the diagnosis and staging of bladder cancer?

- A. Cystoscopy
- B. Magnetic resonance imaging (MRI)
- C. Positron emission tomography (PET) scan
- D. Ultrasonography

Answer: A

Explanation: Cystoscopy is a commonly used imaging modality for the diagnosis and staging of bladder cancer. It involves the direct visualization of the bladder and urethra using a thin, flexible tube with a camera. Positron

emissiontomography (PET) scan and magnetic resonance imaging (MRI) may have roles in advanced staging or evaluation of metastatic disease. Ultrasonography can be useful in certain situations, such as assessing the thickness of the bladder wall, but it is not the primary modality for diagnosing or staging bladder cancer.

# **Question: 14**

Which of the following is a common pediatric anomaly of the genitourinary system?

- A. Renal cell carcinoma
- B. Bladder exstrophy
- C. Prostate hyperplasia
- D. Testicular seminoma



Answer: B

Explanation: Bladder exstrophy is a congenital anomaly of the genitourinary system commonly seen in pediatric patients. It involves an anterior defect in the abdominal wall, with the bladder exposed and open on the surface. Renal cell carcinoma, prostate hyperplasia, and testicular seminoma are conditions more commonly observed in adults and are not typically considered pediatric anomalies.

## **Question: 15**

Which of the following genitourinary cancers is more commonly seen in females?

- A. Prostate cancer
- B. Testicular cancer

- C. Renal cell carcinoma
- D. Ovarian cancer

Answer: D

Explanation: Ovarian cancer is a genitourinary cancer that is more commonly seen in females. Prostate cancer is predominantly found in males. Testicular cancer primarily affects males as well. Renal cell carcinoma affects both males and females but does not have a significant gender bias.

#### **Question: 16**

Which of the following is a risk factor for the development of genitourinary cancers?

- A. Obesity
- B. Vitamin D deficiency
- C. Sedentary lifestyle
- D. Smoking

Answer: D

Explanation: Smoking is a well-established risk factor for the development of various genitourinary cancers, including bladder, kidney, and prostate cancer. Obesity, sedentary lifestyle, and vitamin D deficiency may contribute to overall health and have implications for cancer risk, but they are not as directly linked to genitourinary cancers as smoking.

# **Question: 17**

Which imaging modality is commonly used for the staging of prostate cancer?

A. Magnetic resonance imaging (MRI)

- B. Ultrasound
- C. Computed tomography (CT) scan
- D. Positron emission tomography (PET) scan

Answer: C

Explanation: Computed tomography (CT) scan is commonly used for the staging of prostate cancer to evaluate the extent of disease spread beyond the prostate gland. Magnetic resonance imaging (MRI) is also used in some cases, particularly for assessing local tumor extent and involvement of nearby structures. Ultrasound and positron emission tomography (PET) scan may have roles in specific situations but are generally not the primary imaging modalities for prostate cancer staging.

# **Question: 18**

Which type of genitourinary cancer is associated with exposure to certain industrial chemicals, such as aromatic amines?

- A. Prostate cancer
- B. Testicular cancer
- C. Renal cell carcinoma
- D. Bladder cancer

Answer: D

Explanation: Bladder cancer has a known association with exposure to certain industrial chemicals, particularly aromatic amines found in dyes, paints, solvents, and rubber products. Prostate cancer is not specifically linked to industrial chemical exposure. Testicular cancer is more commonly associated with factors such as cryptorchidism and family history. Renal cell carcinoma is

not directly associated with exposure to industrial chemicals.

# **Question: 19**

Which of the following is a common symptom of renal cell carcinoma?

- A. Urinary incontinence
- B. Erectile dysfunction
- C. Dysuria
- D. Hematuria

Answer: D

Explanation: Hematuria, which is the presence of blood in the urine, is a common symptom of renal cell carcinoma. Erectile dysfunction, dysuria, and urinary incontinence are not typically associated with renal cell carcinoma.



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