Questions:
1- Uric acid and ammonium urate stones (false answer):

A- Form under completely different biochemical conditions

B- Uric acid stone formation is most commonly associated with low urinary pH and low urine volume rather than hyperuricosuria

C- pH for prevention of urate acid stones should be 6,2 - 6,8 for chemolytholisis 6,5 - 7,2

D- There is strong evidence for the association of hyperuricemia with stone formation
2- Concerning Calcium Phosphate stones (false answer):
A- Carbon Apatite is more frequent than Brushite
B- Hydrochlorothiazide can be used to treat Carbon Apatite but not Brushite stones
C- Brushite stones occurrence is not related to UTI
D- RTA and Hyperparathyroidism can cause both Carbon apatite and Brushite stones
3- Which of the following is NOT a cause of hypocitraturic calcium nephrolithiasis:

A- Thiazide-induced hypocitraturia
B- Absorptive hypercalciuria
C- Distal renal tubular acidosis
D- Chronic diarrheal syndrome
4- The primary defect in patients with absorptive hypercalciuria is considered to be (correct answer):

A- primary hyperabsorption of intestinal calcium
B- renal leak of calcium
C- Excessive dietary intake of calcium containing foods
D- hypersecretion of PTH
5- By order of frequency (from the most to the least frequent) the metabolic abnormalities associated with oxalate stone formation are:

A- Hypercalcuria, Hyperuricosuria, Hyperoxaluria, Hypomagnesuria, Hypocitraturia
B- Hypercalcuria, Hyperoxaluria, Hyperuricosuria, Hypomagnesuria, Hypercitraturia
C- Hypercalcuria, Hyperoxaluria, Hyperuricosuria, Hypomagnesuria, Hypocitraturia
D- Hypercalcuria, Hyperuricosuria, Hyperoxaluria, Hypermagnesuria, Hypocitraturia
6- Enteric hyperoxaluria (false answer):
A- usually present with hypocitraturia
B- Urine pH is usually high
C- Urine pH is usually low
D- Urinary calcium is usually low
E- urine volume is usually low
7- A patient with recurrent uric acid calculi is placed on oral medical treatment and returns for follow-up 3 months later. He is noted to have significantly elevated urinary uric acid levels as compared with his first 24-hour urine collection. This finding is due to (correct answer):

A- Increased production of endogenous uric acid
B- Failure to avoid high-sodium foods
C- Increased solubility of uric acid
D- Inhibition of xanthine oxidase.
8- A patient with uric acid calculi is placed on alkali therapy but returns 1 year later having passed two calcium phosphate stones. A repeat 24-hour urine demonstrates a urine pH of 7.4, a urinary citrate of 450 mg/day, and a urinary uric acid of 875 mg/day. The most likely cause for recurrent stone formation is:

A- cessation of potassium citrate
B- increase in saturation of oxalate
C- excess alkalization
D- increase in saturation of oxalate
9- First-line medical treatment for the prevention of recurrent cystine stones would be aimed at:

a- binding of cystine within the intestines
b- decreasing urinary sodium
c- increasing the solubility of cystine
d- urinary acidification
10- Concerning Hypercalciuria (false answer):
A- Hypercalciuria is always associated with hypercalcemia
B- Hypercalciuria can be resorptive
C- We treat absorptive or renal hypercalciuria equally
D- Mild hypercalcuria is treated with alkaline citrate
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