

Bates' Guide to Physical Examination and History Taking, 11th Edition

Chapter 13: Male Genitalia and Hernias

Multiple Choice

1. A 28-year-old musician comes to your clinic, complaining of a “spot” on his penis. He states his partner noticed it 2 days ago and it hasn't gone away. He says it doesn't hurt. He has had no burning with urination and no pain during intercourse. He has had several partners in the last year and uses condoms occasionally. His past medical history consists of nongonococcal urethritis from *Chlamydia* and prostatitis. He denies any surgeries. He smokes two packs of cigarettes a day, drinks a case of beer a week, and smokes marijuana and occasionally crack. He has injected IV drugs before but not in the last few years. He is single and currently unemployed. His mother has rheumatoid arthritis and he doesn't know anything about his father. On examination you see a young man appearing deconditioned but pleasant. His vital signs are unremarkable. On visualization of his penis there is a 6-mm red, oval ulcer with an indurated base just proximal to the corona. There is no prepuce because of neonatal circumcision. On palpation the ulcer is nontender. In the inguinal region there is nontender lymphadenopathy. What disorder of the penis is most likely the diagnosis?
- A) Condylomata acuminata
 - B) Genital herpes
 - C) Syphilitic chancre
 - D) Penile carcinoma

Ans: C

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Page and Header: 516, Table 13–2

Feedback: Primary syphilis causes a larger ulcer that is firm and painless. Syphilis is fairly uncommon but does occur in the highly promiscuous population, especially when coupled with illegal drug use. You should consider further questions and workup regarding HIV status.

2. A 20-year-old part-time college student comes to your clinic, complaining of growths on his penile shaft. They have been there for about 6 weeks and haven't gone away. In fact, he thinks there may be more now. He denies any pain with intercourse or urination. He has had three former partners and has been with his current girlfriend for 6 months. He says that because she is on the pill they don't use condoms. He denies any fever, weight loss, or night sweats. His past

medical history is unremarkable. In addition to college, he works part-time for his father in construction. He is engaged to be married and has no children. His father is healthy and his mother has hypothyroidism. On examination the young man appears healthy. His vital signs are unremarkable. On visualization of his penis you see several moist papules along all sides of his penile shaft and even two on the corona. He has been circumcised. On palpation of his inguinal region there is no inguinal lymphadenopathy.

Which abnormality of the penis does this patient most likely have?

- A) Condylomata acuminata
- B) Genital herpes
- C) Syphilitic chancre
- D) Penile carcinoma

Ans: A

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Page and Header: 516, Table 13–2

Feedback: Warts are generally painless papules along the shaft and corona. They are likely to spread and are caused by the human papilloma virus, transmitted through sexual contact. You should discuss prevention of STIs with him. Although his girlfriend's contraceptive pill protects her from pregnancy, he and she are unprotected from sharing STIs. She should receive regular Pap examinations and consider the HPV vaccine.

3. A 29-year-old married computer programmer comes to your clinic, complaining of “something strange” going on in his scrotum. Last month while he was doing his testicular self-examination he felt a lump in his left testis. He waited a month and felt the area again, but the lump was still there. He has had some aching in his left testis but denies any pain with urination or sexual intercourse. He denies any fever, malaise, or night sweats. His past medical history consists of groin surgery when he was a baby and a tonsillectomy as a teenager. He eats a healthy diet and works out at the gym five times a week. He denies any tobacco or illegal drugs and drinks alcohol occasionally. His parents are both healthy. On examination you see a muscular, healthy, young-appearing man with unremarkable vital signs. On visualization the penis is circumcised with no lesions; there is a scar in his right inguinal region. There is no lymphadenopathy. Palpation of his scrotum is unremarkable on the right but indicates a large mass on the left. Placing a finger through the inguinal ring on the right, you have the patient bear down. Nothing is felt. You attempt to place your finger through the left inguinal ring but cannot get above the mass. On rectal examination his prostate is unremarkable.

What disorder of the testes is most likely the diagnosis?

- A) Hydrocele
- B) Scrotal hernia
- C) Scrotal edema
- D) Varicocele

Ans: B

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Page and Header: 519, Table 13–5

Feedback: Scrotal hernias occur when the small intestine passes through a weak spot of the inguinal ring. The examiner cannot get a finger above the hernia into the ring. Hernias are often caused by increased abdominal pressure, such as in weight lifting. Patients who have a hernia on one side often have another hernia on the opposite side. In this patient's case, a right-sided hernia was repaired as an infant.

4. A 32-year-old white male comes to your clinic, complaining of aching on the right side of his testicle. He has felt this aching for several months. He states that as the day progresses the aching increases, but when he wakes up in the morning he is pain-free. He denies any pain with urination and states that the pain doesn't change with sexual activity. He denies any fatigue, weight gain, weight loss, fever, or night sweats. His past medical history is unremarkable. He is a married hospital administrator with two children. He notes that he and his wife have been trying to have another baby this year but have so far been unsuccessful despite frequent intercourse. He denies using tobacco, alcohol, or illegal drugs. His father has high blood pressure but his mother is healthy. On examination you see a young man appearing his stated age with unremarkable vital signs. On visualization of his penis, he is circumcised with no lesions. He has no scars along his inguinal area, and palpation of the area shows no lymphadenopathy. On palpation of his scrotum you feel testes with no discrete masses. Upon placing your finger through the right inguinal ring you feel what seems like a bunch of spaghetti. Asking him to bear down, you feel no bulges. The left inguinal ring is unremarkable, with no bulges on bearing down. His prostate examination is unremarkable.

What abnormality of the scrotum does he most likely have?

- A) Hydrocele
- B) Scrotal hernia
- C) Scrotal edema
- D) Varicocele

Ans: D

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Page and Header: 518, Table 13–4

Feedback: Varicoceles are varicose veins surrounding the spermatic cord, coming through the inguinal ring. These veins feel like spaghetti and are often referred to as a “bag of worms.” The increased number of veins affects the temperature of the testes, often causing infertility problems. Like most varicose veins in any area, varicoceles can cause a nonspecific aching. Although usually benign, a unilateral varicocele on the right or a varicocele which does not resolve in the supine position deserves further workup.

5. A 48-year-old policeman comes to your clinic, complaining of a swollen scrotum. He states it began a couple of weeks ago and has steadily worsened. He says the longer he stands up the

worse it gets, but when he lies down it improves. He denies any pain with urination. Because he is impotent he doesn't know if intercourse would hurt. He states he has become more tired lately and has also gained 10 pounds in the last month. He denies any fever or weight loss. He has had some shortness of breath with exertion. His past medical history consists of type 2 diabetes for 20 years, high blood pressure, and coronary artery disease. He is on insulin, three high blood pressure pills, and a water pill. He has had his gallbladder removed. He is married and has five children. He is currently on disability because of his health problems. Both of his parents died of complications of diabetes. On examination you see a pleasant male appearing chronically ill. He is afebrile but his blood pressure is 160/100 and his pulse is 90. His head, eyes, ears, nose, throat, and neck examinations are normal. There are some crackles in the bases of each lung. During his cardiac examination there is an extra heart sound. Visualization of his penis shows an uncircumcised prepuce but no lesions or masses. Palpation of his scrotum shows generalized swelling, with no discrete masses. A gloved finger is placed through each inguinal ring, and with bearing down there are no bulges. The prostate is smooth and nontender.

What abnormality of the scrotum is most likely the diagnosis?

- A) Hydrocele
- B) Scrotal hernia
- C) Scrotal edema
- D) Varicocele

Ans: C

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Page and Header: 515, Table 13–1

Feedback: Scrotal edema is a generalized swelling of the scrotum due to a systemic illness. No discrete masses are palpated. In this case, with the history of diabetes, hypertension, and coronary artery disease, the symptom of weight gain, and the signs of crackles in the lungs and an extra heart sound, the patient is probably suffering from congestive heart failure. This is also seen in patients with edema from hypoalbuminemia.

6. A 36-year-old security officer comes to your clinic, complaining of a painless mass in his scrotum. He found it 3 days ago during a testicular self-examination. He has had no burning with urination and no pain during sexual intercourse. He denies any weight loss, weight gain, fever, or night sweats. His past medical history is notable for high blood pressure. He is married and has three healthy children. He denies using illegal drugs, smokes two to three cigars a week, and drinks six to eight alcoholic beverages per week. His mother is in good health and his father had high blood pressure and coronary artery disease. On physical examination he appears anxious but in no pain. His vital signs are unremarkable. On visualization of his penis, he is circumcised and has no lesions. His inguinal region has no lymphadenopathy. Palpation of his scrotum shows a soft cystic-like lesion measuring 2 cm over his right testicle. There is no difficulty getting a gloved finger through either inguinal ring. With weight bearing there are no bulges. His prostate examination is unremarkable.

What disorder of the scrotum does he most likely have?

- A) Hydrocele

- B) Scrotal hernia
- C) Testicular tumor
- D) Varicocele

Ans: A

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Page and Header: 515, Table 13–1

Feedback: The hydrocele is a fluid-filled cyst originating within the tunica vaginalis. An examining finger can be placed over the mass into the inguinal ring. An outside light source can be placed beneath the scrotum. Hydroceles often transilluminate light, whereas solid tumors do not.

7. A 22-year-old unemployed roofer presents to your clinic, complaining of pain in his testicle and penis. He states the pain began last night and has steadily become worse. He states it hurts when he urinates and he has not attempted intercourse since the pain began. He has tried Tylenol and ibuprofen without improvement. He denies any fever or night sweats. His past medical history is unremarkable. He has had four previous sexual partners and has had a new partner for the last month. She is on oral contraceptives so he has not used condoms. His parents are both in good health. On examination you see a young man lying on his side. He appears mildly ill. His temperature is 100.2 and his blood pressure, respirations, and pulse are normal. On visualization of the penis he is circumcised, with no lesions or discharge from the meatus. Visualization of the scrotal skin appears unremarkable. Palpation of the testes shows severe tenderness at the superior pole of the normal-sized left testicle. He also has tenderness when you palpate the structures superior to the testicle through the scrotal wall. The right testicle is unremarkable. An examining finger is placed through each inguinal ring without bulges being noted with bearing down. His prostate examination is unremarkable. Urine analysis shows white blood cells and bacteria.

What diagnosis of the male genitalia is most likely in this case?

- A) Acute orchitis
- B) Acute epididymitis
- C) Torsion of the spermatic cord
- D) Prostatitis

Ans: B

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Page and Header: 518, Table 13–4

Feedback: Epididymitis is an infection of the epididymis superior to the testicle. It can often be caused by sexually transmitted disease and can cause burning with urination and scrotal pain. Palpate the spermatic cord through the scrotum by pinching medially and sliding your pinched fingers laterally. The spermatic cord, including the epididymis, will pass between your fingers and be tender if involved.

8. A 15-year-old high school football player is brought to your office by his mother. He is complaining of severe testicular pain since exactly 8:00 this morning. He denies any sexual activity and states that he hurts so bad he can't even urinate. He is nauseated and is throwing up. He denies any recent illness or fever. His past medical history is unremarkable. He denies any tobacco, alcohol, or drug use. His parents are both in good health. On examination you see a young teenager lying on the bed with an emesis basin. He is very uncomfortable and keeps shifting his position. His blood pressure is 150/100, his pulse is 110, and his respirations are 24. On visualization of the penis he is circumcised and there are no lesions and no discharge from the meatus. His scrotal skin is tense and red. Palpation of the left testicle causes severe pain and the patient begins to cry. His prostate examination is unremarkable. His cremasteric reflex is absent on the left but is normal on the right. By catheter you get a urine sample and the analysis is unremarkable. You send the boy with his mother to the emergency room for further workup. What is the most likely diagnosis for this young man's symptoms?

- A) Acute orchitis
- B) Acute epididymitis
- C) Torsion of the spermatic cord
- D) Prostatitis

Ans: C

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Page and Header: 518, Table 13–4

Feedback: Torsion is caused by the twisting of the testicle on its spermatic cord and blood vessels, leading to severe pain. The scrotum becomes red and tense. Torsion is usually seen in adolescents and is a true surgical emergency. If not quickly surgically repaired, the testicle's function is lost and it has to be removed. The presence of a cremasteric reflex is reassuring, but in this case a thorough evaluation must take place as soon as possible.

9. A 16-year-old high school junior is brought to your clinic by his father. The teenager was taught in his health class at school to do monthly testicular self-examinations. Yesterday when he felt his left testicle it was enlarged and tender. He isn't sure if he has had burning with urination and he says he has never had sexual intercourse. He has had a sore throat, cough, and runny nose for the last 3 days. His past medical history is significant for a tonsillectomy as a small child. His father has high blood pressure and his mother is healthy. On examination you see a teenager in no acute distress. His temperature is 100.8 and his blood pressure and pulse are unremarkable. On visualization of his penis, he is uncircumcised and has no lesions or discharge. His scrotum is red and tense on the left and normal appearing on the right. Palpating his left testicle reveals a mildly sore swollen testicle. The right testicle is unremarkable. An examining finger is put through both inguinal rings, and there are no bulges with bearing down. His prostate examination is unremarkable. Urine analysis is also unremarkable.

What abnormality of the testes does this teenager most likely have?

- A) Acute orchitis

- B) Acute epididymitis
- C) Torsion of the spermatic cord
- D) Prostatitis

Ans: A

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Page and Header: 517, Table 13–3

Feedback: Acute orchitis causes an inflamed, tender testicle. The scrotum will be red and tense. Orchitis is usually unilateral and often associated with viral infections such as mumps.

10. A 45-year-old electrical engineer presents to your clinic, complaining of spots on his scrotum. He first noticed the spots several months ago, and they have gotten bigger. He denies any pain with urination or with sexual intercourse. He has had no fever, night sweats, weight gain, or weight loss. His past medical history consists of a vasectomy 10 years ago and mild obesity. He is on medication for hyperlipidemia. He denies any tobacco or illegal drug use and drinks alcohol socially. His mother has Alzheimer's disease and his father died of leukemia. On examination he appears relaxed and has unremarkable vital signs. On visualization of his penis, he is circumcised and has no lesions on his penis. Visualization of his scrotum shows three yellow nodules 2–3 millimeters in diameter. During palpation they are firm and nontender. What abnormality of the male genitalia is this most likely to be?

- A) Condylomata acuminata
- B) Syphilitic chancre
- C) Peyronie's disease
- D) Epidermoid cysts

Ans: D

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Page and Header: 508, Techniques of Examination

Feedback: Epidermoid cysts are firm, yellowish, painless cysts on the scrotal skin. They are very common and are benign.

11. Jim is a 47-year-old man who is having difficulties with sexual function. He is recently separated from his wife of 20 years. He notes that he has early morning erections but otherwise cannot function. Which of the following is a likely cause for his problem?

- A) Decreased testosterone levels
- B) Psychological issues
- C) Abnormal hypogastric arterial circulation
- D) Impaired neural innervation

Ans: B

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Page and Header: 504, The Health History

Feedback: The fact that he has an early morning erection is indicative of normal physiologic function. You may consider looking further into psychological issues, perhaps related to his marital difficulties. If the patient is unsure of whether early morning erections are occurring, some recommend the postage stamp test in which a ring of postage stamps or other perforated stickers is placed around the penis while in the flaccid state. If the perforations are broken, it is likely an erection has occurred. Do not perform this test without perforations in the stickers, or the ring may function as a tourniquet.

12. Which of the following conditions involves a tight prepuce which, once retracted, cannot be returned?

- A) Phimosis
- B) Paraphimosis
- C) Balanitis
- D) Balanoposthitis

Ans: B

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Page and Header: 508, Techniques of Examination

Feedback: This describes paraphimosis. Phimosis describes a foreskin which cannot be retracted. Balanitis involves an inflammation of the glans, whereas balanoposthitis involves inflammation of both the glans and the prepuce.

13. Induration along the ventral surface of the penis suggests which of the following?

- A) Urethral stricture
- B) Testicular carcinoma
- C) Peyronie's disease
- D) Epidermoid cysts

Ans: A

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Page and Header: 508, Techniques of Examination

Feedback: Urethral stricture may cause induration of the ventral surface of the penis. It more rarely represents a local carcinoma. A testicular carcinoma would be much more likely to occur in the scrotum. Peyronie's disease often causes induration on the dorsal proximal penis, and epidermoid cysts are benign findings on the scrotum.

14. A tender, painful swelling of the scrotum should suggest which of the following?

- A) Acute epididymitis
- B) Strangulated inguinal hernia
- C) Torsion of the spermatic cord
- D) All of the above

Ans: D

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Page and Header: 508, Techniques of Examination

Feedback: A tender, painful swelling of the scrotum can be a medical emergency. All of these conditions should be considered, as well as acute orchitis.

15. A young man feels something in his scrotum and comes to you for clarification. On your examination, you note what feels like a “bag of worms” in the left scrotum, superior to the testicles. Which of the following is most likely?

- A) Hydrocele of the spermatic cord
- B) Varicocele
- C) Testicular carcinoma
- D) A normal vas deferens

Ans: B

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Page and Header: 508, Techniques of Examination

Feedback: Varicoceles are common in normal men. They are often found in the left scrotum or bilaterally and should normally resolve in the supine position. This is because they represent varicosities within the scrotum. These require further investigation if they occur only on the right side or do not resolve in the supine position. They can contribute to infertility because the testicles are unable to achieve a cool enough temperature for sperm production, due to increased blood flow from the varicocele. A hydrocele would be a painless mass on the spermatic cord and the vas deferens is palpated as part of the spermatic cord. You should lightly pinch the scrotum medially and move laterally until you feel the spermatic cord pass between your fingers.

16. Which of the following would lead you to suspect a hydrocele versus other causes of scrotal swelling?

- A) The presence of bowel sounds in the scrotum
- B) Being unable to palpate superior to the mass
- C) A positive transillumination test
- D) Normal thickness of the skin of the scrotum

Ans: C

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Page and Header: 515, Table 13–1

Feedback: A cystic structure will often transilluminate well. While a transilluminator head for your battery handle is ideal, it is possible to use an otoscope to transilluminate the scrotum. You should be able to get above the mass on palpation and bowel sounds should not be present. If they are, it should lead you to consider an inguinal hernia. Scrotal edema involves thickened skin which can be measured by gently pinching a section of the scrotum itself.

17. You are examining a newborn and note that the right testicle is not in the scrotum. What should you do next?

- A) Refer to urology
- B) Recheck in 6 months
- C) Tell the parent the testicle is absent but that this should not affect fertility
- D) Attempt to bring down the testis from the inguinal canal

Ans: D

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Page and Header: 517, Table 13–3

Feedback: This is not an uncommon finding, and the testis must often be “milked” into the scrotum from the inguinal canal. Six months is too long to wait, but urology referral is unnecessary unless the testicle cannot be brought into the scrotum. An intra-abdominal testis is at much higher risk for testicular cancer.

18. Francis is a middle-aged man who noted right-sided lower abdominal pain after straining with yard work. Which of the following would make a hernia more likely?

- A) Absence of pain with straining
- B) Absence of bowel sounds in the scrotum
- C) Absence of a varicocele
- D) Absence of symmetry of the inguinal areas with straining

Ans: D

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Page and Header: 519, Table 13–5

Feedback: Even in the presence of a hernia, absolute symmetry to inspection may be preserved. The action of straining and increasing intra-abdominal pressure causes the hernia to protrude. Hernias will not necessarily be present on CT scans either unless this maneuver is undertaken. Pain with straining and bowel sounds heard in the scrotum further support the diagnosis of indirect hernia.

19. Frank is a 24-year-old man who presents with multiple burning erosions on the shaft of his penis and some tender inguinal adenopathy. Which of the following is most likely?

- A) Primary syphilis
- B) Herpes simplex
- C) Chancroid
- D) Gonorrhea

Ans: B

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Page and Header: 516, Table 13-2

Feedback: The multiplicity of lesions as well as the burning quality of the pain would lead one to suspect herpes simplex. Syphilis usually presents with a single chancre which is generally painless. Chancroid forms a single, jagged, deep ulcer and gonorrhea usually results in a burning discharge without skin lesions.