23 Pathophysiology of the Reproductive System Cheat Sheet by bee.f (bee.f) via cheatography.com/180201/cs/37494/

### **Kidney stones**

**Definition:** Hard deposits of minerals & salts forming within the urinary tract

### Signs & symptoms:

- Severe, sharp pain in the side & back, below the ribs
- Pain that radiates to the lower abdomen & groin
- Pain that comes in waves & fluctuates in intensity (due to stones moving)
- Pain or burning sensation while urinating
- Pink, red or brown urine
- Cloudy or foul-smelling urin
- Persistent need to urinate, urinating more often than usual or

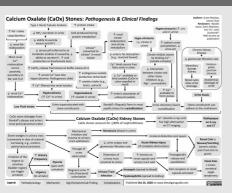
urinating in small amounts

- Nausea & vomiting
- Fever & chills if an infection is present

=> Pain may change [e.g. shifting to a different location or increasing in intensity - as the stone moves through the urinary tract]

Pathophysiology & mechanism: Diet, excessive body weight, medical conditions, supplements, medications (& genetics) = urine becomes concentrated, forming stones (in any part of the urinary tract)

### Kidney stones



### Benign Prostatic Hyperplasia (males)

### Definition:

- Enlarged prostate gland due to  $\uparrow$  in cell number (noncancerous)
- More frequent in West
- More common in black people

### Signs & symptoms:

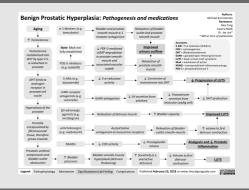
- Frequent/urgent urination
- ↑ urination at night
- Trouble starting to pee
- Weak urine stream (or stop-starts)
- Dripping at end of urination
- Not able to empty bladder fully
- Less common: UTI, not able to urinate, blood in urine

Pathophysiology & mechanism: Aging, various hormonal, bladder/kidney stones, problem with nerves that control bladder, prostate/bladder cancer

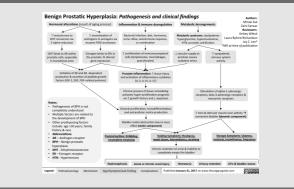
Risk factors: Aging, family Hx, diabetes, heart disease, lifestyle

Treatment: Medication, therapy, surgery

### Benign Prostatic Hyperplasia



### Benign Prostatic Hyperplasia (contnd)



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Female Reprodu	uctive Disorders			Female Reprodu	ıc
Pelvic Inflam- matory Disease	Endometriosis	Abnormal Uterine Bleeding	Female Infert- ility	Signs & symptoms: - May be	:
Definition: Infection of he female upper genital tract, including the womb, fallopian tubes & ovaries	Definition: Endometrium (womb lining tissue) implants & grows in places other than the uterine cavity (ovaries, fallopian tubes); women of any age; long term condition	Definition: Bleeding between monthly periods, prolonged bleeding, extremely heavy periods Umbrella term for 2 different conditions (★)	Definition: Couple cannot conceive (both can be the issue )	asymptomatic - Pain around pelvis or lower abdomen - Discomfort or pain during sex that is felt deep inside the pelvis (+/- bleeding) - Bleeding between periods or after sex - Unusual vaginal discharge	
				- Fever &	

Female Reproduc	ctive Disorders (co	nt)	
Signs &	Signs &	Signs &	Causes:
symptoms:	symptoms:	symptoms:	- Infection
- May be	- Sharp, deep	- Heavy	- Fibroids
asymptomatic	pain during	periods	- Polyps
- Pain around	ovulation, sex,	- Irregular	- Septations
pelvis or lower	bowel	bleeding	(congenital
abdomen	movements,	- Prolonged	malformations)
- Discomfort or	&/or urination	periods	- Polycystic
pain during	- Heavy,	- Inconsistent	ovaries
sex that is felt	painful periods	menstrual	(produce eggs
deep inside the	or bleeding in	cycles	not ready to be
pelvis (+/-	between	- Spotting	fertilised)
bleeding)	periods		-Uterine tube
- Bleeding	- Indigestion,		blockage
between	diarrhoea,		(eggs don't
periods or after	constipation, &		reach uterine
sex	nausea		cavity)
- Unusual	- Fatigue		- Adhesions
vaginal	- Sciatica		(due to past
discharge	during menstr-		bleedings)
- Fever &	uation		
vomiting			
- Pain in the			
rectum			

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- emaic-Reprodu	ctive Disorders (				ctive Disorders (c	Sing-	
Pathophys- iology & mechanism: Infection (sexually transmitted bacteria) in the vagina or the neck of the cervix => spreads higher up into the	gy &iology &iology &iology &chanism:mechanism:mechanism:mechanism:actionRetrogradeLocal causes:Any of abokuallyflow endome-Polyp,causes =>asmittedtrial cells =>Adenomyosis,ocyte notateria) in theflow throughLeiomyoma,released dateria) in theflow throughLeiomyoma,released dateria) in theorgans =Systemicoestrogenwix =>growth ofcauses:ovaries/↓eads higherendometriumCoagulopathy,follicles	mechanism: Any of above causes =>o- ocyte not released due to ↓ release of oestrogen by. ovaries/↓	Complications: - Can result in infertility or an ectopic pregnancy - Chronic pelvic pain ( * ) => Especially when asympt- omatic as it's left untreated	Complications: - Subfertility or infertility - Significant physical, emotional & social impact	Treatment: Medication, hormonal contraception & surgery	Risk factors: Age; smoking weight; Hx of STIs (chlamydia 8 gonorrhea); alcohol	
reproductive in wrong Endometrial, organs places latrogenic, Not otherwise classified (lshmocele) => Changes in prostaglandin concentration, increased endometrial responsiv- eness to vasodilating prostagla- ndins, and changes in endometrial vascular structure	ovulate/gentic damage/↓t- ransport of oocyte through fallopian tubes/↓ egg/sperm mobility due to local inflam- mation/inability of cervix to produce	Treatment: Antibiotics & in worst cases surgery	Treatment: Hormone therapy; hormonal contraception; conservative surgery; hysterectomy (last resort)	<ul> <li>★ Menorr-</li> <li>hogia:</li> <li>excessive &amp;/or</li> <li>prolonged</li> <li>menstruation</li> <li>Metrorrhagia:</li> <li>excessive,</li> <li>prolonged &amp;/or</li> <li>irregular</li> <li>bleeding</li> <li>unrelated to</li> <li>menstruation</li> </ul>	Treatment: Fertility drugs		
		prostagla- &/or sperm ndins, and unable to enter changes in the cervix/ut- endometrial erine lining vascular disruption/↓	lasting longer the	an 6 months; com multiple conditions	n the lower abdom mon (1/6 women); s can cause it); phy	often without	

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### Urinary Incontinence

#### Definition:

- Loss of bladder control

- 4 types of incontinence: *Stress* incontinence [Urine leak after coughing, laughing, sneezing, or exercising]; *Urge* incontinence [Urine leak after a strong, sudden urge to urinate]; *Mixed* incontinence [mix of stress & urge, may leak urine with laugh or sneeze]; *Temporary* incontinence [Illness e.g. UTI]

### Signs & symptoms:

- Failure to void
- Failure to store
- Urodynamic studies

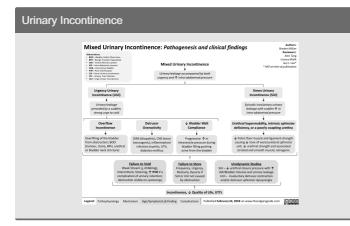
#### Pathophysiology & mechanism:

Overflow incontinence => overfilling of the bladder from obstruction;
 Bladder Outlet Obstruction (tumour, stone, BPH, urethral or bladder neck stricture)

 Detrusor overactivity => overactive bladder (idiopathic), CNS lesion (neurogenic), inflammation/infection (cystitis,UTI), diabetes mellitus
 ↓ bladder wall compliance => progressive ↑ in intravesicle pressure during bladder filling pushing urine from the bladder

Urethral hyper mobility, intrinsic sphincter deficiency, or a poorly coating urethra => ↓ pelvic floor muscle & ligament strength causing ↓ tone of vesicoureteral sphincter unit; ↓ urethral strength & associated strained & smooth muscle (iatrogenic)

Treatment: Exercises; therapies; medication & surgery



### Urinary Infection

### Definition:

- Infection in any part of the urinary system
- Women at greater risk (shorter urethra, increasing likelihood of infection ascension)

Causes: Bacteria (most commonly faecal bacteria)

#### Signs & symptoms:

- Strong urge to urinate that doesn't go away
- Burning feeling when urinating
- Urinating often & small amounts
- Cloudy & strong-smelling urine
- Red, bright pink or cola-coloured urine (signs of blood)
- Pelvic pain (centre of pelvis & around pubic bone)
- Fever &/or chills
- Pain in lower back &/or side

#### Pathophysiology & mechanism:

1. Colonisation (pathogen colonises the periurethral area & ascends through the urethra upwards to the bladder) 2. Uroepithelium penetration (Cumbria allow bladder epithelial cell attachment & penetration  $\rightarrow$  bacteria continue to replicate & may form biofilms) 3. Ascension (once sufficient bacteria colonise, they may ascend on the ureter towards the kidneys) 4.Pyelonephritis (inflammatory response to the infection of renal parenchyma) 5. Acute kidney injury (if inflammatory cascade continues, tubular obstruction & damage occurs  $\rightarrow$  interstitial edema, may  $\rightarrow$  interstitial nephritis  $\rightarrow$  AKI)

#### Complications:

- Repeated infections
- Permanent kidney damage (untreated UTI)
- Delivering a low birth weight or premature infant (UTI during pregnancy)
- Narrowed urethra (males)
- Sepsis (life threatening; infection that travelled up to the kidneys)

Treatment: Antibiotic or vaginal oestrogen therapy (after

menopause)

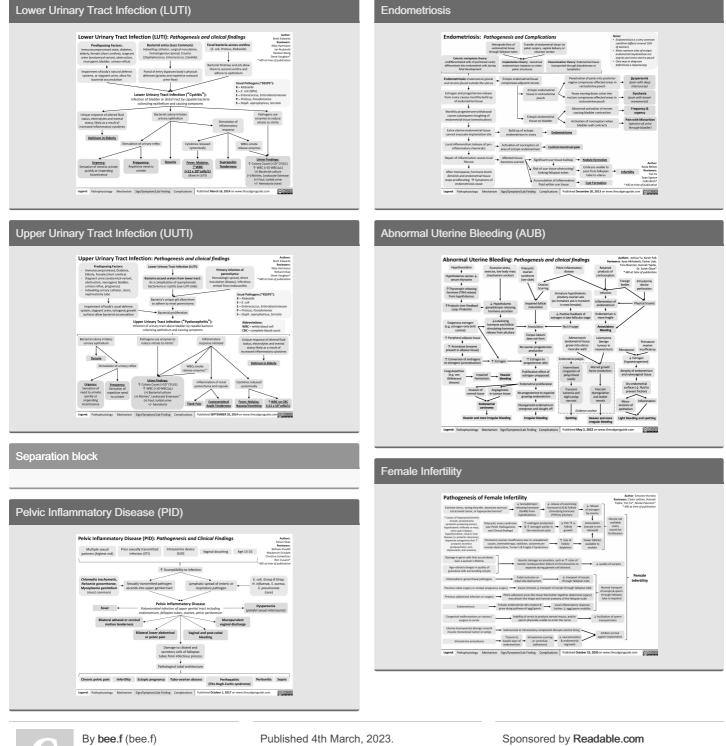
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