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	Female Reproductiv				
Pelvic Inflam- matory Disease	Endometriosis	Abnormal Uterine Bleeding	Female Infert- ility	Signs & symptoms: - May be	S s:
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 & vomiting	p o b m & - p o b p - d c n - - d u

Female Reproductive Disorders (cont)						
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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Female Reproductive Disorders (cont)		Female Reproductive Disorders (cont)				
Pathophys- iology & mechanism:Pathophys- iology & mechanism:Pathophys- iology & mechanism:InfectionRetrogradeLocal causes.(sexuallyflow endome- flow endome-Polyp, transmittedtrial cells =>Adenomyosis bacteria) in the flow throughLeiomyoma, vagina or the reproductivevagina or the organs =Systemic causes:cervix =>growth of tissue occursCoagulopathy Ovulatory, endometrial, organsup into the organsissue occurs placesOvulatory, endometrial, otherwise classified (lshmocele) => Changes in prostaglandin	iology & mechanism: Local causes: Polyp, Adenomyosis, Leiomyoma, Malignacy Systemic causes: Coagulopathy,	causes =>o- ocyte not released due to ↓ release of oestrogen by. ovaries/↓ , follicles available to ovulate/gentic damage/↓t- ransport of oocyte through fallopian n tubes/↓ egg/sperm	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 & gonorrhea); alcohol
	latrogenic, Not otherwise classified (lshmocele) => Changes in prostaglandin concentration, increased endometrial responsiv- eness to		Treatment: Antibiotics & in worst cases surgery	Treatment: Hormone therapy; hormonal contraception; conservative surgery; hysterectomy (last resort)	★ Menorr- hogia: excessive &/or prolonged menstruation Metrorrhagia: excessive, prolonged &/or irregular bleeding unrelated to menstruation	Treatment: Fertility drugs
		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 Infection

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



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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