Hematospermia: Footprint of Severe Uncontrolled Hypertension

Keywords: Hematospermia; Oligozoospermia; Azoospermia; Asthenozoospermia; Hematuria

Introduction

Hematospermia, also known as hemospermia, bloody sperm and sanguineous sperm, is a commonly isolated symptom characterized by the presence of glossy visible blood in semen and represents 1% of all andrological and urological symptoms [1]. Historical evidences revealed that it had been reported by Hippocrates, Pares, Morgagni, Velpeau, Fournier and Guyon [2,3]. It is usually painless but can be seen along with hematuria, frequency, dysuria and scrotal pain as well as infertility [4,5]. It has been indicated that hematospermia can result in azoospermia, oligozoospermia and asthenozoospermia leading to male infertility [6,7]. Moreover, it often leads to substantial adverse psychological consequences in the patient [8]. It was found that 77.50% of men with hematospermia had experienced only one or two episodes prior to visiting urologists [5]. The incidence of hematospermia has been reported as one in every 5,000 new patients presenting to urological out-patient clinics. Most men with hematospermia are likely to be less than 40 years old with symptoms ranging from a few weeks to a few months in duration. The likelihood of recurrent hematospermia is seen in the older age group [9].

Most often the causes of hematospermia are idiopathic and the precise etiology of this disorder cannot be found in as many as 70 percent of patients [8,9]. Based on etiological origins, hematospermia as a mono-symptomatic and or polysymptomatic disorder has congenital, inflammatory, infective, traumatic, obstructive, neoplastic, iatrogenic and systemic causes [8,10]. Although hematospermia is usually a symptom of urological problems, severe uncontrolled hypertension as a systemic disorder may be the cause [11-13]. In line with that, previous studies declared that hypertension can be detected in 7.30% of the patients with hemospermia [14]. Based on this concept, since hemospermia treatment depends on the underlying pathological conditions, careful clinical assessments including endorectal magnetic resonance imaging and trans rectal ultrasound [15-18] as well as full general examination including blood pressure readings should be carried out to trace the source of hematospermia and establish efficient therapeutic strategies.

References