

Hemospermia: footprint of severe uncontrolled hypertension

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Introduction

Hemospermia, 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 hemospermia 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 hemospermia had experienced only one or two episodes prior to visiting urologists.⁵ The incidence of hemospermia has been reported as one in every 5,000 new patients presenting to urological out-patient clinics. Most men with hemospermia 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 hemospermia is seen in the older age group.⁹

Most often the causes of hemospermia 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, hemospermia as a mono-symptomatic and/or poly-symptomatic disorder has congenital, inflammatory, infective, traumatic, obstructive, neoplastic, iatrogenic and systemic causes.^{8,10} Although hemospermia 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 ultrasound¹⁵⁻¹⁸ as well as full general examination including blood pressure readings should be carried out to trace the source of hemospermia and establish efficient therapeutic strategies.

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Conflict of interest

The author declares no conflict of interest.

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