Hematospermia: footprint of severe uncontrolled hypertension

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Introduction

Hematospermia, also known as hemospermia, bloody sperm and sanguineous sperm, is a commonly isolated symptom characterized by the presence of grossly 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.4,6 Moreover, it often leads to substantial adverse psychological consequences in the patient.7 It was found that 77.50% of men with hematospermia had experienced only one or two episodes prior to visiting urologists.8 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 poly-symptomatic disorder has congenital, inflammatory, infective, traumatic, obstructive, neoplastic, iatrogenic and systemic causes.6,10 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 hematospermia.14 Based on this concept, since hematospermia 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 hematospermia and establish efficient therapeutic strategies.

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Conflict of interest

The author declares no conflict of interest.

References