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Hematospermia

Definition

Hematospermia, or **hemospermia**, is the presence of blood in a man's ejaculate.

Cause

In about 50 percent of patients, the cause of hematospermia is not clearly understood or known. Semen comes from several organs, including the testicles, epididymis, vas deferens, seminal vesicles and prostate. Most of the semen comes from the seminal vesicles and prostate and most hematospermia probably starts in one of those two organs. Infections or inflammation of all of these organs account for most of the other causes.

Cancers are rarely the cause. With the introduction of ultrasound-guided prostate biopsies, doctors are seeing a large number of patients with hemospermia after the biopsy. This is expected in about a third of patients, and is not cause for alarm.

At-Risk Groups

Hematospermia is not uncommon and may affect men of any age after puberty, but its peak incidence is in men 30 to 40 years old. About 85 to 90 percent of all patients that have hematospermia will have it happen more than once.

Primary Hematospermia

Patients with hematospermia are usually categorized into two different groups. The first group, 'primary hematospermia' is when blood in the ejaculate is the only symptom. That means no blood is seen in the urine, either to the eye or under the microscope, the patient has no symptoms of any urinary irritation or infection, and the physical exam is normal.

Patients who have this type of hematospermia almost always have no other problem. The condition goes away in time without treatment. About 15 percent of patients will have one episode and never have another.

Primary hematospermia patients have been studied extensively in the past with x-rays and telescopic examination of the urinary tract. In every study, no other associated problems were found. Consequently no treatment is felt to be needed for patients in whom hematospermia is the only complaint and the physical exam and urinalysis are normal. Patients who have had hematospermia should go back to the doctor if there is any change in their bleeding, if they have pain or symptoms of infection, or they see blood in their urine.

Treatment

In the past, physicians used female hormones, such as Stilboestrol or Premarin to treat primary hematospermia. This treatment often relieved the bleeding, but the side effects included breast swelling and tenderness, and lack of libido. For the most part, its use has been discontinued. Now, doctors recommend that primary hematospermia not be treated at all, as it normally goes away on its own.

Secondary Hematospermia

The term 'secondary hematospermia' is used when a cause of bleeding is known or suspected, such as immediately after a prostate biopsy, or when there is a urinary or prostate infection or cancer. Unusual causes include tuberculosis, parasitic infections, and any diseases that affect blood clotting, such as hemophilia and chronic liver disease.

Patients who have hematospermia associated with symptoms of urinary infection or blood in the urine require a complete urologic evaluation. If blood is seen in the urine, the urinary tract should be x-rayed, and the bladder and prostate should be examined as well.

If suspicious areas are felt in the prostate or seminal vesicle during a rectal exam, or if the screening blood test for prostate cancer is suspicious (prostate specific antigen or PSA), an ultrasonic examination and biopsy should be done.

Summary

Hematospermia can be very frightening to any man, but most patients have absolutely no abnormalities and don't need any treatment. It is liable to continue on and off, but it usually goes away by itself, doesn't increase the risk of any other disease, and doesn't harm the patient's sexual partner in any way.