

DEFINITION AND PREVALENCE

Haemospermia or hematospermia is the **presence of blood in semen**. Its incidence is relatively rare, accounting for 1% of urology consultations and almost 75% of the time it is a single episode.

ASPECT:

- **Macroscopic**, perceptible to the eye.
- **Microscopic**, detected through a spermogram.

FREQUENCY:

- **Isolated**: occurs as a single episode.
- **Recurrent**: persists for more than one month or is present in more than 10 ejaculations.

* Alonso Claudio G, 2004.

ETIOLOGY

IDIOPATHIC:

Incidence has decreased from 70% to 10-20% due to the use of imaging tests.

TRAUMATIC:

IATROGENIC:

Transrectal ultrasound biopsy (TRUS) (5-80%): > 80%, 4 weeks on average.

Brachytherapy (17%)

Prostatic Injections, Urethral Stents, Cystoscopy, Vasectomy.

NON-IATROGENIC:

Sexual activity.

Pelvic-genital lesions.

Prolonged periods of abstinence

Prolonged duration of sexual intercourse

INFECTIOUS:

Prostatitis, is generally the most frequent cause (40%), particularly in < 40 years (70-80%).

MOST FREQUENT GERMS:

- Prostatitis due to *E. Coli*, *Klebsiella*, *Proteus*, *Pseudomonas*, *Enterococcus*.

- Less frequent:

Staphylococcus, *Streptococcus*, *Serratia*, HIV, *Cytomegalovirus*.

INFECTIONS WITH MORE HEMATOSPERMIA:

- Tuberculosis

- STD: *Chlamydia*, *Mycoplasma*, *VPH*

- Esquistosomiasis.

TUMOR:

Prostate adenocarcinoma the most frequent (1-2%). Others: seminal vesicles (SSVV), testicular, bladder and melanomas.

STRUCTURAL ANOMALIES:

- Cysts, lithiasis, diverticula, polyps, strictures, vascular malformations in SSVV, ejaculatory ducts, urethra, prostate or bladder.

SYSTEMIC DISEASES:

- Refractory hypertension.
- Coagulation disorders.
- Amyloidosis.
- Lymphomas, leukemias.
- Hyperuricemia.

MANAGEMENT

* Furuya S, (2016)

88% of cases resolve spontaneously without treatment

