EDITORIAL COMMENT

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Urologists often regard hematospermia as a symptom of little importance, but for the patients, on the other hand, it is a very alarming one. Hematospermia is quite common and the majority of practicing urologists, if not all, will probably encounter a patient ambulating to their doctor's office with the complaint of blood in ejaculate. With this being said, I regard this topic to be of great importance and worthy of presentation to the world urological community thanks to CEJU.

The work of Akhter gives a very detailed description of possible causes of hematospermia and methods for its management. However, I believe that is the responsibility of the editor to sum up the subject in order to make it more useful for everyday life practice. The first occurrence of hematospermia, although sometimes terrifying for the patient, usually does not require much more than a reassuring explanation, which should consist two pieces of information. The first statement should convey to reassurance that blood in the semen is very rarely associated with cancer. The study of Han [1] states that the danger of prostate cancer is only 1.73 times higher in the patients with hematospermia comparing to other males of the same age and PSA level. So in young patients in whom the risk of PCa is very low, the 1.73 times higher risk is rather insignificant. Moreover, the second statement should inform that the hematospermia is likely to resolve spontaneously or with only conservative treatment.

Conservative treatment, when indicated over watchful waiting, is often based on oral fluoroquinolones, though some urologists advocate a short course of finasteride. The issue, of course, becomes more complicated if the hematospermia does not subside or recurs. In such cases a more detailed investigation of the possible causes should be employed with tools such as the MRI being among the most promising methods, as described by Akhter.

References

1. Han M, Brannigan R, Antenor J, Roeh KA, Catalona WJ. Association of hemospermia with prostate cancer. J Urol. 2004; 172: 2189–2192. ■

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