

PRESENTATION 8

Haemospermia - a prospective descriptive study in a single urological unit in Sri Lanka

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Introduction

Haemospermia is depicted as a common presentation of prostate cancer in public health websites. Literature available for aetiology and management of haemospermia is limited.

Objective

To identify the aetiological factors of haemospermia in a cohort of Sri Lankan patients.

Methods

Out of patients presented with haemospermia to our unit from 1 August 2013 to 31 July 2016, those who developed haemospermia after TRUS biopsy or instrumentation and three patients who defaulted follow up were excluded; subsequently, 53 patients were included in the study.

Physical examination, ultrasonography of KUB and scrotum, cultures of seminal fluid and mid-stream urine were done in all patients. Serum PSA was done in patients above 40 years. Cystoscopy was done in patients above 50 years and in persistent or recurrent haemospermia.

Results

Mean age was 44 years (Range: 23 - 67). Duration of presentation ranged from single episode to recurrent episodes over 6 years. Anxiety about malignancy was the reason to consult in 33 patients. Fifteen had pain (post ejaculatory penile or testicular or perineal or groin). Two had dysuria and one had haematuria. One had symptoms of bladder outflow tract obstruction (BOO). Three were on antiplatelet drugs (two on aspirin and one on clopidogrel). Examination of the abdomen was normal and prostate was clinically benign in all. One had a tender prostate. Imaging revealed varicocele in 4, epididymal cyst in 3 and one each had prostate cyst and calcification of prostate. Serum PSA ranged between 0.5 and 5.21ng/ml (mean -1.71ng/ml). Urine cultures were negative but seminal fluid culture yielded growth in 4 (E coli in 2, Streptococcus in 1 and Chlamydia in 1). One had a urethral stricture. Treatment given included withdrawal of anti-platelets, levofloxacin, tamsulosin and finasteride/ dutasteride singly or in different combinations. Prostate cyst was deroofed. Optical urethrotomy was offered for the patient with urethral stricture. At 1 year follow up, haemospermia resolved in all except one who had persistent on and off symptoms but no aetiology found. Four patients had recurrences.

Conclusions

Haemospermia is commonly caused by potentially treatable benign aetiology and malignant causes appear to be rare.