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## Haematospermia

Haematospermia means there is blood in the ejaculation fluid (semen). Usually there are no other symptoms such as pain. It is usually harmless and resolves without any treatment. However, it can also be caused by a number of conditions that need investigations and treatment.

Haematospermia is not uncommon and it can affect men of any age after puberty. However, the most common age group affected is men aged 30-40 years.

More than 9 out of every 10 men with haematospermia have not had any previous genital or urinary symptoms or conditions.

### What are the symptoms of haematospermia?

Haematospermia usually causes painless blood staining of the semen. This is seen with ejaculation. The blood causes the ejaculate to be a brownish to red colour. There may be no other symptoms in primary haematospermia.

Secondary haematospermia may cause other symptoms because of the underlying condition. For example, haematospermia occurring with painful ejaculations or pain in the area from the testicles to the back passage (this area is called the perineum). This may indicate a prostate condition such as prostatitis.

## Causes

### Primary haematospermia

The cause is often not known and there is no underlying condition to explain the haematospermia. Some men only have just one episode and it never happens again.

However, most men with haematospermia have repeated episodes. Primary haematospermia is harmless and gets better without any treatment.

### Secondary haematospermia

Haematospermia caused by an underlying condition is called secondary haematospermia. The possible underlying causes include:

- Immediately after a prostate biopsy.
- Injury to the groin, scrotum or pelvis.
- Prostate infection ([acute prostatitis](#) or [chronic prostatitis](#)).
- Stones in the prostate gland (prostatic calculi).
- [Prostate cancer](#).
- [Urinary tract infection](#).
- [Inflammation of the tubes that carry sperm from the testicles \(epididymo-orchitis\)](#).
- Stones in the urinary tract (urinary calculi).
- [Tuberculosis](#).
- [Liver cirrhosis](#).
- [Severe hypertension](#).
- Conditions that cause abnormal bleeding - for example, haemophilia.
- Tropical infections - for example, [schistosomiasis](#) or trachoma.

### What tests are needed for haematospermia?

You should see a doctor to get checked out. Your doctor will examine you, including checking your scrotum and prostate gland to see if there is any suggestion of an underlying condition

Any tests will depend on whether your doctor finds anything abnormal on examination. The test may include:

- [Urine sample to test for infection](#).
- [Blood test for PSA](#) to check for prostate cancer.
- Tests for any [sexually transmitted infection](#).
- [Ultrasound scan](#) of your scrotum and urinary tract.

If the haematospermia persists or keeps happening then you may be referred to a urology specialist for further tests. These tests may include [cystoscopy](#) and scans using either [computerised tomography \(CT\)](#) or [magnetic resonance imaging \(MRI\)](#).

## How is haematospermia treated?

Primary haematospermia usually resolves without the need for any treatment.

The treatment for secondary haematospermia will depend on the underlying condition. The haematospermia itself does not need any treatment.

If you have persistent haematospermia without an identified cause then a type of medicine called a 5-alpha reductase inhibitor such as [finasteride](#) or [dutasteride](#) may be effective. However, it may take six months before the haematospermia improves.

For younger men with persistent haematospermia of unknown cause, a one-month treatment with an antibiotic medicine called [doxycycline](#) may be useful.

## Further reading & references

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