

Blood in Semen (Hematospermia)

Causes, Assessment, Diagnosis and an Integrative Unani Approach

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Seeing blood in the semen can be extremely frightening. Many patients come to me worried that they have developed cancer, infertility or a serious sexual disorder. My first message to such patients is simple: **do not panic, but do not ignore the symptom either.**

Blood appearing in semen is medically known as **hematospermia**, also written as **haematospermia or hemospermia**. In a large proportion of men—particularly younger men who experience a single episode and have no other concerning symptoms—the condition is temporary and benign. However, recurrent or persistent hematospermia, especially after the age of 40 or when accompanied by blood in the urine, urinary problems, fever, pain, abnormal examination findings or other risk factors, requires proper medical evaluation.

The European Association of Urology defines hematospermia as the appearance of blood in the ejaculate. Current guidance recognizes a wide range of possible causes, including inflammation and infection, obstruction, congenital abnormalities, vascular conditions, trauma or medical procedures, systemic disease and, much less commonly, malignancy.

At **Saira Health Care**, I approach hematospermia not merely as an alarming colour change in semen but as a symptom that should be understood in relation to the prostate, seminal vesicles, ejaculatory ducts, urethra, urinary system, sexual health and the patient's overall medical condition.

What Is Hematospermia?

Hematospermia means that blood is present in semen at the time of ejaculation.

Normal semen is usually whitish-grey. When blood becomes mixed with it, the semen may appear pink, red, rust-coloured, brown or reddish-brown. Bright red blood generally suggests relatively recent bleeding, whereas darker brown or rust-coloured semen often represents older blood that is being cleared from the reproductive tract. Small clots may occasionally be noticed.



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Hemospermia is a **symptom rather than a single disease**. The important question therefore is not simply, “How do we stop the blood?” but rather, “Why did the bleeding occur?”

Understanding How Blood Can Enter the Semen

To understand hemospermia, it is useful to understand how semen is produced.

Sperm originates in the testicles and travels through the epididymis and vas deferens. During ejaculation, fluids produced mainly by the seminal vesicles and prostate mix with sperm. This mixture enters the ejaculatory ducts and subsequently the urethra before leaving the penis.

A very small amount of bleeding anywhere along these structures may therefore colour the semen.

The prostate and seminal vesicles contain many small blood vessels. Infection, inflammation, irritation, obstruction, stones, cysts, trauma or instrumentation can sometimes cause one of these vessels to bleed into the ejaculatory tract.

This explains why even a relatively minor abnormality can create a visually dramatic change in semen.

Is Blood in Semen Dangerous?

In most patients, particularly younger men with a single isolated episode, hemospermia is not caused by a dangerous disease.

A systematic review involving more than 2,000 patients found that many cases had no identifiable serious cause and that spontaneous resolution was common among patients in whom no cause could be identified. However, the probability of clinically important pathology increases with age, persistence, recurrence and associated warning signs.

Therefore, I tell my patients:

The appearance of blood may look frightening, but the appearance alone does not tell us how serious the cause is.

Proper risk assessment is more useful than fear.

How Common Is Hemospermia?



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The exact prevalence is difficult to determine because many men do not routinely inspect their semen and some may feel embarrassed discussing the symptom.

In a systematic review, one community study estimated a prevalence of approximately 0.5%, although prevalence estimates vary and hematospermia is probably under-reported.

It can occur at almost any adult age, but the cause and required investigation can differ considerably between a 25-year-old experiencing one episode and a 60-year-old experiencing recurrent episodes.

What Does Hematospermia Look Like?

Blood in semen does not always look like fresh blood.

A patient may notice semen that is pink, bright red, reddish-brown, rusty or brown. The colour can vary from one ejaculation to the next while residual old blood is being cleared.

Occasionally a man sees only a few streaks of blood. In another patient, most of the ejaculate may appear discoloured.

The amount of visible blood does not necessarily correspond with the seriousness of the underlying cause.

True Hematospermia and Pseudo-Hematospermia

Before extensive investigation, it is important to determine whether the blood is truly coming from the man's semen.

European urology guidance describes **pseudo-hematospermia**, in which blood that appears to be in the semen actually originates elsewhere. For example, blood may originate from the urinary tract or, during intercourse, occasionally from the sexual partner.

This is why I ask whether blood was seen during masturbation as well as intercourse, whether there is blood in the urine, and whether the partner was experiencing vaginal bleeding.

These simple questions sometimes prevent unnecessary testing.

What Causes Blood in Semen?



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There are many possible causes of hematospermia. Current European urological guidance broadly classifies them as inflammatory or infectious, obstructive, congenital, vascular, traumatic or procedure-related, systemic, malignant and idiopathic.

Infection and Inflammation

Inflammation and infection are among the most important causes, particularly in younger patients.

Conditions may include urethritis, prostatitis, epididymitis and urinary-tract infections. Some sexually transmitted infections can also cause inflammation involving the urethra or reproductive tract.

A patient may simultaneously experience burning urination, urinary frequency, pelvic discomfort, painful ejaculation, urethral discharge, testicular discomfort or fever.

These associated symptoms greatly assist diagnosis.

Prostatitis and Hematospermia

The prostate plays an important role in the production of seminal fluid. Inflammation of the prostate—prostatitis—is therefore one of the conditions I consider when a patient reports blood in semen.

Prostatitis can sometimes produce painful ejaculation, pelvic or perineal pain, burning urination, frequent urination or difficulty passing urine in addition to hematospermia.

Importantly, not every case of prostatitis represents bacterial infection. Chronic prostatitis/chronic pelvic pain syndrome can have complex inflammatory, muscular and neurological mechanisms.

This distinction matters because antibiotics should not be repeatedly given simply because the prostate is suspected.

Sexually Transmitted Infections

A sexually transmitted infection can occasionally cause hematospermia through inflammation of the urethra, prostate or other structures.

This possibility becomes particularly important when there is a new sexual partner, unprotected sexual exposure, urethral discharge, painful urination, genital symptoms or a known exposure to infection.

European guidance therefore recommends obtaining an appropriate sexual history and performing STI testing where clinically indicated.



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There should be no embarrassment in discussing this with a doctor. Sexual history is simply part of medical history.

Seminal Vesicle Problems

The seminal vesicles produce a substantial proportion of seminal fluid and can therefore be a source of bleeding.

Possible abnormalities include inflammation, cysts, stones, dilated vessels or obstruction.

Persistent or recurrent bleeding sometimes requires imaging specifically to examine the seminal vesicles and ejaculatory ducts.

Ejaculatory Duct Obstruction

The ejaculatory ducts are small passages through which seminal fluid enters the urethra.

Obstruction can occur because of stones, inflammation, scarring, cysts or congenital abnormalities.

Depending upon the abnormality, a patient may experience hematospermia together with painful ejaculation, low ejaculate volume, infertility or pelvic discomfort. European guidance includes ejaculatory-duct calculi and post-inflammatory obstruction among recognized causes of hematospermia.

Stones and Calcification

Small calculi may occur in the prostate, seminal vesicles or ejaculatory tract.

These can irritate delicate tissue and occasionally cause bleeding.

They become a particular consideration in recurrent cases or when imaging identifies calcification or an obstructive abnormality.

Benign Prostatic Enlargement

Benign prostatic hyperplasia, commonly called **BPH or enlarged prostate**, becomes increasingly common with age.

European guidance recognizes BPH among potential obstructive conditions associated with hematospermia.



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A patient with BPH may simultaneously report difficulty starting urination, weak urine stream, incomplete emptying, frequent urination or waking repeatedly at night to urinate.

Trauma and Vigorous Sexual Activity

Occasionally small blood vessels can rupture following vigorous sexual activity or trauma involving the genital or perineal region.

Excessive sexual activity or masturbation is listed among possible vascular or mechanical associations in European guidance.

This does not mean that ordinary masturbation or normal intercourse is harmful. Rather, unusually vigorous activity can occasionally irritate tissues or rupture a small vessel, just as minor trauma can produce bleeding elsewhere in the body.

Blood After Prostate Procedures

One of the most recognizable causes of hematospermia is recent instrumentation involving the prostate or urinary tract.

Blood may temporarily appear following procedures such as prostate biopsy, cystoscopy, vasectomy or some prostate treatments.

When bleeding begins shortly after such a procedure, the clinical context often makes the cause clear.

However, patients should still follow the aftercare instructions provided by their treating doctor and report persistent, heavy or otherwise concerning bleeding.

Vascular Causes

Abnormal or fragile blood vessels can occasionally bleed into the reproductive tract.

European guidance lists conditions such as prostatic varices, telangiectasia, haemangioma and abnormalities involving posterior urethral veins among possible vascular causes.

These causes are uncommon but become relevant in selected recurrent cases.

High Blood Pressure

Uncontrolled hypertension has been reported in association with hematospermia, and European guidance recommends checking blood pressure during assessment.

Blood pressure measurement is simple, inexpensive and important because severe or uncontrolled hypertension may otherwise remain undetected.

Bleeding and Clotting Disorders

Conditions that affect blood clotting can increase the likelihood of bleeding.

Potential systemic causes listed in European guidance include haemophilia and other bleeding disorders, chronic liver disease and certain haematological illnesses.

Medication is also relevant. A doctor should therefore know whether the patient takes anticoagulants or antiplatelet medicines.

These medicines should **never be stopped without medical advice** simply because hematospermia has occurred.

Tuberculosis and Other Uncommon Infections

In certain regions and clinical circumstances, tuberculosis affecting the genitourinary system may be considered.

Schistosomiasis may also cause hematospermia in people who have lived in or travelled to endemic areas. European guidelines specifically recommend considering travel history when evaluating selected patients.

Such diagnoses are uncommon and should be investigated only when the clinical history makes them plausible.

Can Blood in Semen Mean Cancer?

This is usually the first question patients ask me.

The answer is:

Cancer is possible, but it is uncommon—especially in younger patients with a single isolated episode.

The European Association of Urology cites an overall malignancy risk of approximately 3.5% across published hematospermia series, although estimates vary considerably according to the population studied. Risk is clearly not uniform across all ages and presentations.

A systematic review found malignancies in about 5.4% of evaluated patients older than 40 across the included studies, with prostate cancer accounting for most of those malignancies. Importantly, this figure came from selected clinical study populations and should not be interpreted as the risk for every man who notices blood once.

A very large U.S. claims analysis of more than 56,000 men classified as having benign hematospermia found subsequent urologic malignancy to be very uncommon, particularly in patients younger than 40.

More recent research has also questioned whether hematospermia by itself independently increases the likelihood of finding prostate cancer on biopsy. A 2024 study found that hematospermia before biopsy did not increase prostate-cancer detection.

The correct message is therefore neither “blood in semen means cancer” nor “blood in semen can always be ignored.”

Risk factors must be considered.

Why Age Matters

Age plays an important role in determining the extent of evaluation.

In a man **younger than 40** with a single, transient episode and no urinary symptoms, systemic symptoms or other risk factors, extensive imaging is generally unnecessary.

The updated American College of Radiology hematospermia criteria state that imaging is usually not appropriate for transient hematospermia in a patient younger than 40 who has no associated signs or symptoms. Clinical history, examination and relevant laboratory evaluation are generally sufficient.

The situation changes when hematospermia occurs at **40 years or older**, becomes persistent or recurrent, or is accompanied by other symptoms. In those circumstances, further investigation may be appropriate.

Recurrent or Persistent Hematospermia

A single episode and repeated hematospermia should not automatically be treated in the same way.

European guidance identifies recurrent or persistent hematospermia as a higher-risk presentation requiring more systematic investigation, particularly when combined with age over 40, family history of prostate cancer or concurrent blood in the urine.



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Persistent symptoms can also suggest an underlying structural abnormality involving the prostate, seminal vesicles, ejaculatory ducts or urinary tract.

Symptoms That Should Be Discussed With the Doctor

When assessing hematospermia, I ask whether it is accompanied by other symptoms because they can completely change the diagnostic direction.

Important associated features include blood in the urine, fever or chills, pain while urinating, painful ejaculation, pelvic or perineal pain, difficulty urinating, urinary frequency or urgency, urethral discharge, testicular pain or swelling, unexplained weight loss, reduced appetite, low semen volume, infertility and persistent or recurrent episodes.

The presence of hematuria—blood in urine—is particularly important because it may require evaluation of the urinary tract in addition to the reproductive tract. European guidance considers concurrent hematuria an important factor in risk stratification.

My Clinical Assessment of a Patient With Blood in Semen

At Saira Health Care, I begin with a detailed history rather than immediately ordering every available test.

This follows current urological recommendations emphasizing a full medical and sexual history together with appropriate physical examination.

I want to understand when the bleeding began, whether this was the first episode, how many ejaculations contained blood, whether the blood is fresh or brown, whether ejaculation is painful, whether blood is also present in urine, and whether urinary symptoms are occurring.

I also ask about fever, previous infection, recent sexual exposure, genital trauma, prostate procedures, urinary procedures, medications, anticoagulants, fertility concerns, previous prostate disease, tuberculosis exposure or relevant travel.

Age, family history and general health are equally important.

Physical Examination

Physical examination should be guided by the clinical history.

It may include examination of the abdomen, external genitalia, penis, urethral opening, scrotum, testes and epididymis.

In appropriate patients, examination of the prostate by digital rectal examination may provide useful information regarding enlargement, tenderness or a suspicious abnormality.

European guidance recommends detailed physical examination and specifically notes the importance of checking blood pressure.

Urine Examination

Urinalysis is one of the basic investigations in hematospermia.

It can reveal microscopic blood, infection or other urinary abnormalities. When infection is suspected, urine microscopy and culture may be performed to identify an organism and guide appropriate antibiotic treatment.

This is important because repeated empirical antibiotics without evidence of infection may expose a patient to side effects and antimicrobial resistance without treating the true problem.

STI Testing

When the patient's history suggests possible sexually transmitted infection, appropriate testing should be performed.

The exact tests depend upon symptoms, sexual exposure and local clinical protocols.

Finding and treating an STI is important not only for resolving the patient's condition but also for preventing transmission and complications.

PSA Testing

Prostate-specific antigen, or **PSA**, is a blood test used as part of prostate assessment.

European guidance recommends considering serum PSA in appropriately counselled men over the age of 40 presenting with hematospermia.

PSA is not a simple “cancer positive or negative” test. Levels may also be influenced by benign prostate enlargement, inflammation and other factors.

The result therefore needs to be interpreted in the overall clinical context.

Blood Tests



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Depending upon the presentation, a clinician may request a full blood count, liver-function tests or coagulation studies.

European guidance identifies these as potentially useful when looking for systemic conditions or disorders affecting bleeding and clotting.

Not every young man with a single episode needs an extensive blood-test panel.

Testing should be individualized.

Ultrasound and Transrectal Ultrasound

Transrectal ultrasonography, commonly called **TRUS**, can provide information about the prostate, seminal vesicles and ejaculatory region.

It may reveal stones, cysts, dilated structures or other abnormalities.

However, modern imaging guidance does not recommend automatically performing TRUS in every young patient with transient uncomplicated hematospermia.

It becomes more relevant when the symptom is persistent or recurrent, or when the history and examination raise suspicion of structural disease.

MRI for Hematospermia

MRI has become increasingly important in selected patients because it provides detailed images of the prostate, seminal vesicles, vas deferens region and ejaculatory ducts.

The updated 2025 ACR criteria state that pelvic MRI is an appropriate initial imaging option for men aged 40 or older with hematospermia and for patients of any age who have persistent, recurrent or symptomatic hematospermia.

This does not mean every patient over 40 automatically requires MRI. Clinical judgment remains essential.

Scrotal Ultrasound

A scrotal ultrasound may be useful when hematospermia is associated with a testicular lump, swelling, pain or another abnormal finding involving the scrotum.

The 2025 ACR recommendations specifically distinguish scrotal ultrasound as useful when symptoms or examination suggest scrotal pathology, rather than as a routine test for every patient.



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CT Scan

CT is generally not the best test for directly evaluating all causes of hematospermia because MRI provides better soft-tissue assessment of many reproductive structures.

However, CT can become useful in selected situations, particularly where stones, hematuria or urinary-tract pathology is suspected.

Again, the investigation should match the suspected cause.

Cystoscopy

Cystoscopy involves examining the urethra and bladder using a small endoscopic instrument.

It is not needed for every case.

European guidance notes that it can be valuable in selected higher-risk patients with persistent hematospermia, particularly when urinary-tract pathology is suspected. It may identify urethral abnormalities, inflammation, polyps, calcifications or vascular lesions.

Semen Analysis and Male Fertility Assessment

A routine semen analysis is not necessary solely because blood appeared once.

However, when hematospermia occurs together with infertility, low semen volume, recurrent infection or suspected ejaculatory obstruction, male fertility evaluation may become relevant.

Semen analysis evaluates parameters such as semen volume, sperm concentration, motility and morphology, but fertility is never determined by a single number alone.

Does Hematospermia Cause Infertility?

Blood in semen itself does **not automatically mean that a man is infertile**.

Many patients experience temporary hematospermia while sperm production remains normal.

However, certain underlying causes—such as chronic infection, significant inflammation or obstruction of the ejaculatory ducts—may also affect reproductive function.



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Therefore, if a couple is experiencing difficulty conceiving and the male partner has recurrent hematospermia, I consider both problems together rather than treating them as unrelated.

Treatment of Hematospermia

Treatment depends entirely on the cause.

In many younger patients with a single uncomplicated episode, no specific medicine is necessary because the bleeding resolves spontaneously.

The NHS similarly notes that hematospermia often settles by itself within days or weeks, with treatment directed toward the underlying condition when one is identified.

This is why simply prescribing a “blood stopping” medicine without diagnosis can be misleading.

When Infection Is the Cause

Confirmed bacterial infection should receive appropriate antimicrobial treatment based on the clinical diagnosis and, where appropriate, microbiological testing.

STIs require treatment according to the causative infection and applicable guidelines.

I strongly discourage patients from repeatedly using antibiotics on their own whenever semen looks reddish.

Not every hematospermia is bacterial.

When Prostatitis Is Present

Management depends upon whether the condition represents acute bacterial prostatitis, chronic bacterial prostatitis, chronic pelvic pain syndrome or another prostate abnormality.

Treatment can differ substantially among these conditions.

Pain, urinary symptoms, sexual symptoms and pelvic-floor factors may all need to be addressed.

Treatment of Obstruction, Cysts or Stones

Persistent hemospermia caused by structural abnormalities may occasionally require urological intervention.

European guidance describes selected treatment options for ejaculatory-duct obstruction, cysts, vascular abnormalities and other identified lesions.

These procedures should be reserved for appropriately investigated patients rather than used routinely.

The Unani Perspective on Hemospermia

As a physician trained in Unani medicine and working extensively with male sexual and reproductive disorders, my approach is to evaluate the entire patient rather than focusing only on the colour of semen.

Classical Unani medicine places considerable importance on the condition and temperament of the reproductive organs, the quality of bodily fluids, urinary and reproductive function, inflammatory states, digestion, lifestyle and overall constitutional balance.

In clinical practice, an individualized Unani assessment may therefore consider not only the bleeding but also associated symptoms such as pelvic discomfort, burning urination, urinary frequency, painful ejaculation, digestive disturbance, general weakness, sexual symptoms and fertility concerns.

However, modern investigation must come first whenever a potentially important underlying condition is suspected.

How Unani Medicine May Be Useful

The strongest role for Unani treatment in a patient with hemospermia is not to conceal unexplained bleeding but to form part of an **individualized integrative management plan after appropriate assessment**.

Depending upon the identified condition, Unani principles may be used to support relief of inflammatory or urinary symptoms, improve general reproductive health, address associated digestive and lifestyle factors, and support recovery while the underlying disease is being appropriately treated.

The Central Council for Research in Unani Medicine continues clinical research in areas including benign prostate enlargement, infertility and regimenal therapies, reflecting active scientific evaluation of traditional Unani approaches.

At the same time, high-quality clinical trials specifically showing that a particular Unani medicine cures hematospermia are currently limited. For this reason, I do not consider it medically responsible to promise every patient that one herbal formulation will eliminate blood in semen without first establishing the likely cause.

This distinction is important for professional Unani practice.

Integrating Unani Medicine With Modern Urological Assessment

For me, integration means using the strengths of both systems responsibly.

A patient may benefit from individualized Unani care for appropriate symptoms while simultaneously undergoing urine testing, STI evaluation, prostate examination, PSA testing or imaging when these are clinically required.

An infection must not be overlooked because a herbal medicine was started.

A suspicious prostate abnormality must not be ignored because bleeding temporarily disappeared.

An obstructed ejaculatory duct cannot be assumed to be corrected without confirming the diagnosis.

The safest approach is therefore **cause-based, individualized and evidence-aware**.

Saira Health Care's Approach to Hematospermia

At **Saira Health Care**, patients presenting with blood in semen are evaluated in the broader context of male sexual and reproductive health.

My focused clinical practice in **Sexual Disorders & Infertility** allows the evaluation to include urinary, prostate, ejaculatory, sexual and fertility factors rather than treating hematospermia as an isolated complaint.

Depending upon the patient's presentation, I consider the pattern and duration of bleeding, age and risk factors, urinary symptoms, painful ejaculation, pelvic symptoms, history of infection or STI exposure, medication history, prostate health, fertility history and previous procedures.

Where necessary, appropriate laboratory investigation or imaging is advised, and patients requiring specialist urological intervention are referred or co-managed accordingly.

Unani treatment, when appropriate, is individualized according to the underlying clinical picture rather than being given as a fixed treatment to every patient.

When I Advise a Patient to Seek Prompt Medical Attention

Most hematospermia is not an emergency, but medical evaluation should not be delayed when bleeding is persistent or repeatedly recurring, occurs after the age of 40, is accompanied by visible blood in urine, fever, severe pelvic or testicular pain, testicular swelling, difficulty passing urine, unexplained weight loss, an abnormal prostate or testicular finding, significant bleeding elsewhere, or a known bleeding disorder.

European guidance particularly identifies age over 40, recurrent or persistent hematospermia, prostate-cancer risk and concurrent hematuria as important factors when determining the need for more extensive evaluation.

Frequently Asked Questions

Is blood in semen always serious?

No. Most cases, particularly isolated episodes in younger men, are benign and self-limiting. Nevertheless, new hematospermia should be discussed with a healthcare professional so that risk factors and associated symptoms can be assessed.

Does hematospermia mean prostate cancer?

No. Prostate cancer is only one uncommon possible cause. The probability becomes more clinically relevant in older patients and those with abnormal PSA, prostate examination, recurrent bleeding or additional risk factors.

Can prostatitis cause blood in semen?

Yes. Prostatitis and other inflammatory conditions of the genitourinary tract are recognized causes.

Can an STI cause hematospermia?

Yes. Infection involving the urethra or reproductive tract can occasionally cause blood in semen, which is why sexual history and appropriate STI testing are important in selected patients.

Can excessive intercourse or masturbation cause it?

Unusually vigorous sexual activity can occasionally irritate tissues or rupture a small vessel and is included among possible associations. Ordinary sexual activity is not inherently dangerous.

Why is my semen brown instead of red?

Brown or reddish-brown semen usually indicates older blood that is being cleared from the reproductive tract.

Is hemospermia contagious?

Hemospermia itself is not contagious. However, if the bleeding is caused by a sexually transmitted infection, that infection may be transmissible.

Does blood in semen reduce sperm count?

Not necessarily. Hemospermia itself does not prove that sperm production is abnormal. When recurrent bleeding occurs with infertility or low semen volume, evaluation of the underlying cause and semen analysis may be appropriate.

Do I need an MRI?

Not every patient does. According to current ACR guidance, imaging is generally unnecessary in men younger than 40 with transient uncomplicated hemospermia. Pelvic MRI becomes more appropriate in men aged 40 or above and in persistent, recurrent or symptomatic cases.

Will I need antibiotics?

Only when there is evidence or sufficient clinical suspicion of an appropriate bacterial infection. Antibiotics should not be used automatically for all hemospermia.

Can Unani medicine help?

Unani medicine may have an individualized supportive role when used after appropriate assessment of the underlying cause, particularly where associated inflammatory, urinary, reproductive or constitutional factors need to be addressed. Direct clinical evidence for Unani treatment of hemospermia itself remains limited, so serious infection, obstruction, malignancy and other structural disease should never be managed solely on the assumption that herbal treatment will resolve them.

A Message to My Patients

When a man sees blood in his semen for the first time, his mind often immediately moves toward cancer, sexual weakness or infertility.

I understand that fear.

But fear should not become diagnosis.

A single episode in a young healthy man and repeated hemospermia in a man over 50 are not the same clinical situation.



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Likewise, hematospermia accompanied by painful urination and urethral discharge suggests a different line of investigation from hematospermia accompanied by blood in urine and an abnormal prostate examination.

This is why I always emphasize:

We should treat the patient and the cause—not merely the colour of the semen.

Current Medical Understanding in Simple Terms

Current international guidance supports a risk-based approach.

A younger patient with one transient episode and no warning signs generally requires careful history, examination and appropriate basic testing rather than extensive scanning. Current ACR recommendations specifically state that imaging is usually unnecessary in this situation.

A patient aged 40 or above, or anyone with persistent, recurrent or symptomatic hematospermia, deserves more detailed evaluation. Current ACR guidance considers pelvic MRI appropriate in such settings, while TRUS, scrotal ultrasound or urinary-tract imaging may be selected according to the suspected pathology.

European urology guidance similarly recommends a full medical and sexual history, detailed examination and risk stratification, with the principal clinical objective being identification of an underlying cause while excluding uncommon but important disease.

Conclusion

Hematospermia—blood in semen—is usually a symptom, not a disease by itself.

Although its appearance can be alarming, the majority of cases are benign, especially in younger men with a single isolated episode.

Possible causes include infection or inflammation of the prostate or urinary/reproductive tract, sexually transmitted infection, seminal-vesicle disease, ejaculatory-duct obstruction, stones, benign prostate enlargement, trauma, recent procedures, vascular abnormalities, hypertension, clotting disorders and systemic disease. Cancer represents an uncommon but important possibility, particularly in higher-risk presentations.

Modern evaluation should be individualized according to age, persistence or recurrence, associated urinary or genital symptoms, blood in urine, prostate-cancer risk and examination findings.



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At **Saira Health Care**, my approach is to combine detailed sexual and reproductive assessment with appropriate modern diagnostic investigation and individualized principles of Unani medicine where clinically suitable.

Unani medicine can have a meaningful supportive role in an integrative treatment strategy, particularly when the underlying clinical picture involves inflammatory, urinary or reproductive-health disturbances. However, responsible Unani practice also means recognizing when modern laboratory testing, imaging, antibiotics, urological procedures or specialist referral are necessary.

Above all, I advise patients not to feel embarrassed.

Blood in semen is a medical symptom. It deserves calm, confidential and scientific evaluation.

Do not panic—but do not self-treat without understanding the cause.

About Dr. Nizamuddin Qasmi

Dr. Nizamuddin Qasmi is the **Founder & Chief Physician of Saira Health Care**, with a focused clinical practice in **Sexual Disorders & Infertility**.

His qualifications and professional training include **BUMS, Hamdard University, Delhi; MD; CGO; Certificate in Infertility, MGBIMS, Delhi; Certificate in Urology – London, UK; Masters in Male Infertility by MasterHealthPro (HealthPro); and Integrated Sexual and Reproductive Health (ISRH, UNFPA).**

Through Saira Health Care, Dr. Qasmi focuses on individualized assessment of male sexual disorders, reproductive-health concerns and infertility, integrating his training in Unani medicine with appropriate contemporary clinical evaluation.

Medical Disclaimer

This article is intended for patient education and general health awareness. It does not replace diagnosis, examination or treatment by a qualified healthcare professional. Hematospermia has many possible causes, and investigation should be individualized according to age, duration, recurrence, associated symptoms and clinical risk factors.

Patients with persistent or recurrent blood in semen, blood in urine, fever, severe pain, testicular swelling, difficulty urinating, unexplained weight loss or other concerning symptoms should obtain appropriate medical evaluation.