Letter to the Editor

Urinary bladder blood clot tamponade with prostatic urethral bleeding related to continual masturbation in a short period: A very rare case

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Dear Editor,

We described a rare case of a 27-year-old man without any systemic diseases who visited the urological outpatient clinic for gross hematuria and dysuria ongoing for 1 day. He performed vigorous and continual masturbation more than 10 times the night before he visited the clinic. He also complained of hematospermia in several episodes of masturbation. Gross hematuria developed after hematospermia. He denied any trauma or recent use of antiplatelet agents or anticoagulants. Bladder sonography showed acute urine retention and an isoechoic lesion in the bladder, suspected to be a blood clot (Figure 1). The laboratory data revealed normal serum hemoglobin (15.4 g/dL), platelet count (5.41 $\times$ 10$^9$/L), and prothrombin time international normalized ratio (1.01). His prostate specific antigen level was normal (0.04 ng/dL). Kidney sonography showed no abnormal findings. Foley insertion with manual irrigation for bladder blood clot was performed initially but failed. Thus, we performed cystoscopy which disclosed a massive bladder clot, an active bleeding site between the verumontanum and bladder neck, and the median prostatic lobe was hyperemic (Figure 2). We used transurethral coagulation for hemostasis of the prostate and evacuated the bladder blood clot. We placed a 22-French Foley catheter into the bladder with continuous normal saline irrigation after the operation. We removed the Foley catheter 1 day after surgery. No hematuria, hematospermia, or erectile dysfunction was noted during the follow-up visit. Gross hematuria associated with masturbation has been reported in literature but these were caused predominantly by insertion of a foreign body into the urethra. We hypothesized that extreme semen expulsion increases the frequency of semen rebound in the tract between the verumontanum and bladder neck. After repeated and continuous ejaculation, the surface vessels might become engorged and the pressure of the prostatic urethra becomes elevated. Mucosa and engorged vessels between the bladder neck and verumontanum were injured after continual masturbation. The active bleeding of

Figure 1. Transabdominal bladder ultrasonography shows a blood clot in the urinary bladder.

Figure 2. Cystoscopy shows active bleeding in the verumontanum.

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the prostatic urethra flowed back to the bladder and slowly caused the blood clot tamponade. Furuya et al.\(^4\) reported a case of hemangioma of the prostatic urethra with hematospermia and massive postejaculation hematuria. Ruptured prostatic urethral hemangioma or other vessel abnormality after continual masturbation may be the cause of gross hematuria and hematospermia.

Only a few cases of gross hematuria related to sexual behavior have required surgical intervention, such as transurethral coagulation or open cystorraphy.\(^1,2,4\) We believe that our case report is the first report of bladder blood clot tamponade related to prostatic urethral bleeding after continual masturbation. Young male patients that present with gross hematuria and dysuria are often misdiagnosed with urinary tract infections or urolithiasis. Therefore, obtaining a detailed history including recent sexual history, drug history, and underlying disease is necessary to make an accurate diagnosis. Bladder sonography is needed to rule out the presence of any bladder lesions. Transrectal ultrasound of the prostate and seminal vesicles is necessary if seminal vesicle bleeding or prostatic vessel abnormality is suspected.\(^5\) Foley insertion with manual irrigation could be used if dysuria. Transurethral intervention is suggested when gross hematuria persists, or blood clot tamponade is suspected.

**Conflicts of interest**

The authors have nothing to disclose.

**References**