

AB098. Clinical application of seminal vesicle endoscope for hemospermia and ejaculatory duct obstructive azoospermia

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Background: To investigate the experience of the use of seminal vesicle endoscope in the treatment of hemospermia and ejaculatory duct obstructive azoospermia.

Methods: The clinical data of 87 patients between February 2015–May 2018 with hemospermia and 6 patients with obstructive azoospermia were analyzed retrospectively. The characteristics of such patients in diagnosis, treatment and prognosis were discussed.

Results: All the 93 patients underwent MRI before operation. Among 87 patients with hemospermia, MRI showed that the unilateral or bilateral seminal vesicle expansion accounted for 57.5% (50/87), and signal

abnormality of unilateral or bilateral seminal vesicle was 77.0% (67/87), the seminal vesicle dilatation combined with abnormal signal in the seminal vesicle was 51.7% (45/87). For the 6 patients with azoospermia, 5 patients showed bilateral seminal vesicle dilatation, and 4 of them showed abnormal signals in the seminal vesicle. Eighty-five patients with hemospermia (97.7%) and 5 of the 6 patients with azoospermia successfully explored the seminal vesicles. Patients with hemospermia did not suffer recurrence after follow-up of 3 months to 3 years. Sperm could be seen in the semen after 3 months' follow-up for the 5 patients with azoospermia.

Conclusions: MRI has obvious advantages in the diagnosis of seminal vesicle disease. The seminal vesicle endoscope can treat hemospermia and ejaculatory duct obstructive azoospermia effectively.

Keywords: Seminal vesicle; hemospermia; obstructive azoospermia

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