The commonest cause of 46 XX disorders of sex development (DSD) is congenital adrenal hyperplasia (CAH). We report two female siblings with CAH who were reared as boys since birth. A multidisciplinary team members were involved in management. We discuss here gender reassignment and the psychosocial implications from Islamic perspectives.

OBJECTIVES

An eight and 11 yrs old severely virilised CAH Yemeni girls were raised as boys since birth. They were referred to Saudi Arabia for further management. Parents are consanguineous and there is a family history of neonatal death. The gender was first assigned under social and cultural pressures on parents. Though, parents were increasingly unsatisfied of that gender assignment and therefore have kept a balance in counselling children and the way they dress them, to help an easier gender reassignment in the future. The dilemma has reached a peak when children started to menstruate at the age of 7.5 years.

METHODS

Yaser 11 yrs Salem 8 yrs

- Testosterone: 10 0.087 (after one week of restart hydrocortisone)
- 17 OHP: 9178 High 2221 High
- Androstendion: 215 High 141 high
- Renin: 11.88 High 6.3 High
- ACTH: 74 High 210 High
- Aldosterone: <1 Low <1 LOW
- LH: 116 pubertal; 114 pubertal
- FSH: 37 pubertal 2 pubertal
- Bone age: Equal chronic age Advanced 3 yrs
- Genitogram: Positive No communication between genital tract and urinary tract
- Cystoscopy: Common urogenital sinus Common urogenital sinus
- Ultrasound pelvis: Normal uterus ,ovarius Normal uterus ,ovarius
- Karyotyping: 46 xx 46 xx
- IQ assessment: Mild delay Mild delay

DISCUSSION & CONCLUSION

Although, gender transfer is totally prohibited, and is even considered criminal in Islam, however, likewise in western societies, sex should be assigned in muslim communities according to the best available evidence. Parents should be well informed and updated. The dominant role of male gender in a muslim community shouldn’t over rule Islamic laws. Management shouldn’t be influenced only by how easy to reconstruct the genitalia, but sexual function and better chance of fertility should also be considered. The islamic recommendation is to perform gender-reassignment surgery as early in life as possible to avoid non tolerable psychosocial implications.

In conclusion: Management of patients with DSD requires a multidisciplinary team approach, owing to make the best decision that help patients entertaining more or less usual gender role, sexual life, fertility and psychosocial wellbeing. Cultural and religious perspectives should not be overlooked.