Emblematic case CAH, obliges to consider an adequate civil gonadal recognition - REGOCI, and neonatal screening.

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Introduction

The National Registry of Civil Status through circular 33 of February 24, 2015 instructed the guidelines for the allocation of a sex through an inscription on the Civil Registry of Birth for intersexual minors.

Objective

To create clinical and medical awareness on the importance of making an accurate diagnosis of Congenital Adrenal Hyperplasia CAH in order to avoid adverse effects due to the omission of the due diligence by violating the pro-childhood rule.

Methodology

If there is any clinical suspicion on patients with congenital adrenal hyperplasia, it is important to take into account the neonatal screening for 17 hydroxyprogesterone accompanied by an adequate recognition of genital configuration on the new-born (REGOCI). This ensures compliance with the provisions of the aforementioned circular.

Analysis

The absence of an adequate civil gonadal recognition generated the sanction of Circular 33 of February 24, 2015. This demonstrates that CAH demands and active, objective and a solidarity responsibility from the entire medical community.

Results

The State authorized an additional intersexual inscription to the masculine or feminine gender for patients with CAH or similar

Conclusions

Socialize the importance of teaching the clinical diagnosis in order to perform adequate gonadal recognition as well as the urgent need to legislate the neonatal screening for 17 hydroxyprogesterone in cases related with CAH.

Avoid adverse effects such as death, low stature, precocious puberty, mental deterioration and gender dysphoria in CAH cases where the patients are annotated in the sex not corresponding to their karyotype.

We impact on human identity, name, nationality, capacity and domicile of people born alive

References


NOTE: There is no conflict of interest