Long-term results of the first stage surgical feminization in girls with disorders of sex development

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Introduction

Two-stage surgical feminization is a part of the multidisciplinary rehabilitation of girls with external genital virilization. The first stage involves clitoroplasty and labioplasty with preservation of varying severity of hypospadias in girls with third and higher degree virilization according to Prader classification. Short and wide hypospadiac urethra can cause lower urinary tract infection and urinary dysfunction.

AIM

To assess the long-term results of the first stage surgical feminization in girls with disorders of sex development and hypospadias.

The study included 27 girls and women from 11 to 22 years old with disorders of sex development in combination with hypospadias. idioopathic virilization; 5%
partial gonadal dysgenesis 2%
congenital adrenal hyperplasia 93%

Concomitant pathology of the urogenital tract was detected in 20 (74%) patients

Signs of chronic urinary tract infection presented as granular cystitis

Trapped menstrual secretions presented as hematocolpos and urine accumulation. CT sign

Conclusion

Hypospadias in girls with disorders of sex development, which was observed in all examined patients, is a risk factor for development of urinary tract infection, hydrocolpos/hydrometra disorders and bladder dysfunction. This circumstance requires change in surgical feminization tactics in girls with disorders of sex development, taking into account the anatomical components of genitalia malformations.