

TWO TESTES AND TWO X CHROMOSOMES – WHY ?

FAHED ALJASER AND DIANE WHERRETT
DIVISION OF ENDOCRINOLOGY
THE HOSPITAL FOR SICK CHILDREN, TORONTO, CANADA

INTRODUCTION

- ❖ 46, XX Testicular Disorder of Sex Development is characterized by :-
 - 46, XX karyotype.
 - Normal to ambiguous male external genitalia.
 - 2 testes.
 - Azoospermia.
 - Absence of Mullerian structures.
- ❖ 80-90% of patients present after puberty with infertility, gynecomastia, and small testes.
- ❖ 10-20% present at birth with genital ambiguity.

CLINICAL PRESENTATION

- ❖ 2 month old infant was referred to our Multidisciplinary Urogenital clinic with genital ambiguity.
- ❖ Birth history : full term, with no complications, birth weight of 3.4kg.
- ❖ Called a boy at birth, genital anomalies noted.
- ❖ Antenatal history : non-contributory .
- ❖ Family history: non-consanguineous parents, no history of CAH, infertility or genital ambiguity.
- ❖ 3 year old brother who is healthy.

PHYSICAL EXAMINATION

- ❖ No dysmorphic features or malformations.
- ❖ General exam was unremarkable.
- ❖ Genital Exam:-
 - Well developed scrotum that was bifid with rugae and pigmentation.
 - Bilateral gonads were palpable in the scrotum, of a normal size and consistency.
 - Phallus size in the normal range, with ventral curvature, penoscrotal transposition and penoscrotal hypospadias.

INVESTIGATIONS AT 2 MONTHS

TESTS	RESULTS	REF. RANGE
LH	1.3 IU/L	(0.1-4.8)
FSH	2.0 IU/L	(0-15)
TESTOSTERONE	3.7 nmol/L	< 16.0
ANDROSTENEDIONE	2.5 nmol/L	(0.2-1.6)
17-OHP	2.1 nmol/L	(0-9.9)
DHEA-S	1.8 µmol/L	< 4.0

IMAGING

- ❖ US Abdomen: Normal adrenals, normal appearing kidneys with mild left pelviectasis. No Mullerian structures seen.
- ❖ US scrotum: Both gonads were 1 x 0.8 x 0.6 cm in size, consistent with testes, no abnormalities seen.

GENETIC TESTING

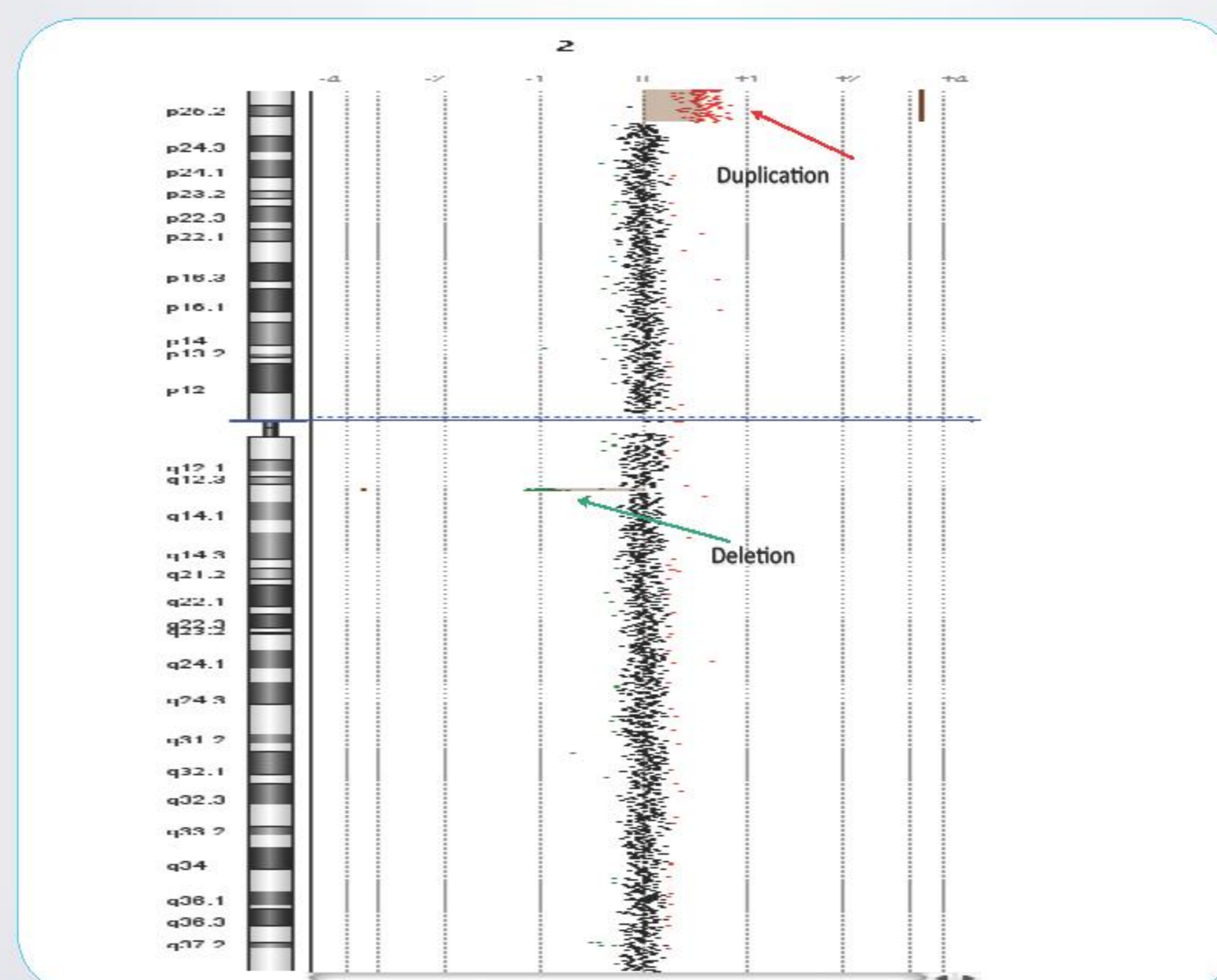
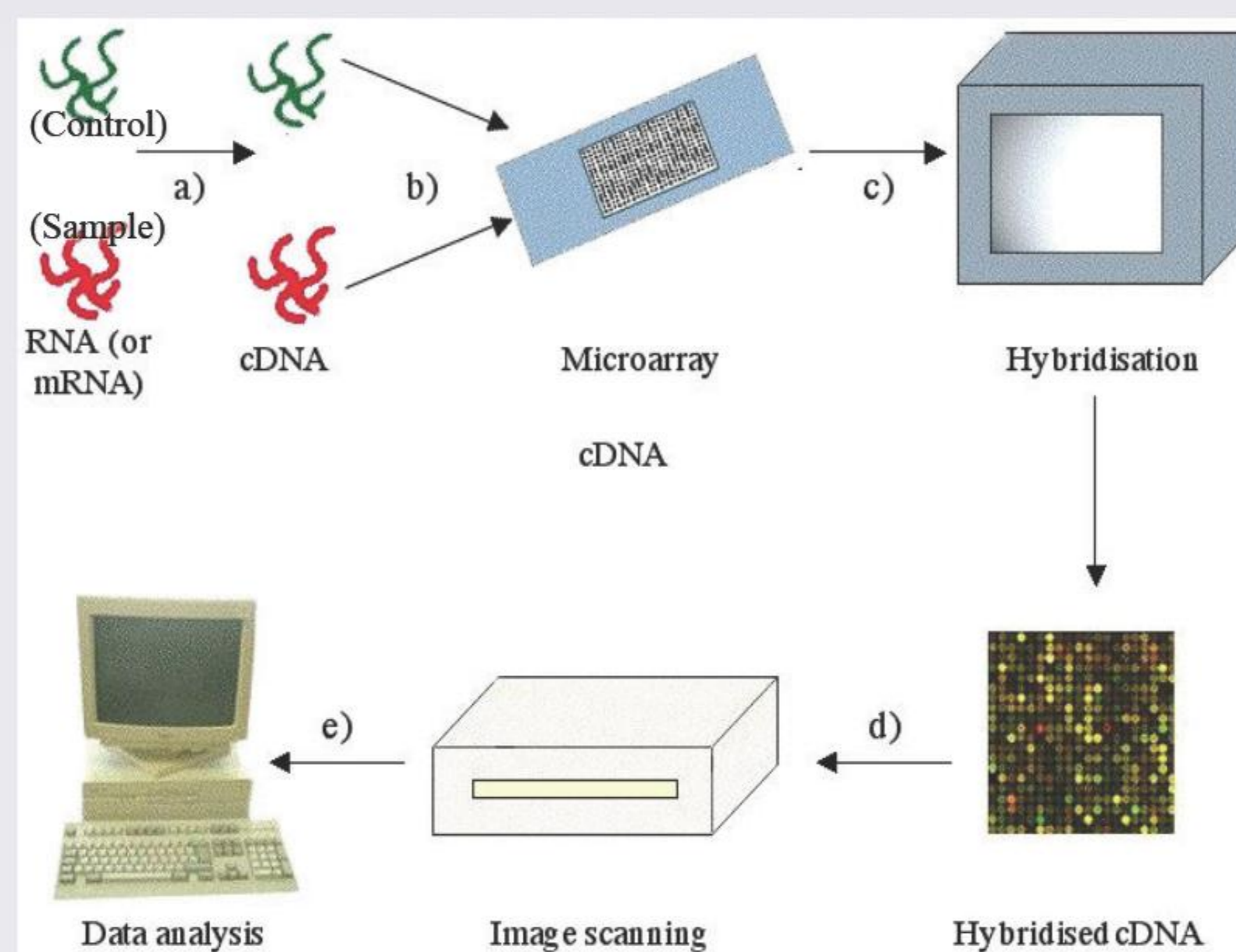


FIGURE 1: MICROARRAY ANALYSIS

- ❖ Karyotype: 46, XX (36 cells). FISH and PCR for SRY were negative.
- ❖ Microarray Analysis: a copy number gain in chromosome region Xq27.1. This region contains SOX3 gene.

CLINICAL COURSE

- ❖ Underwent 1st stage hypospadias repair at 1 year of age. 2nd stage scheduled at 18 months of age.
- ❖ Clinically doing well.
- ❖ Microarrays for both parents were negative.

DISCUSSION

- ❖ **SRY** (sex determining region Y) is a transcription factor that regulates testis development.
- ❖ **SOX** (SRY-box) are a family of genes that encode proteins homologous to SRY.
- ❖ **SOX** genes are involved in a wide range of developmental processes including neurogenesis and **sexual determination**.
- ❖ **SOX3** : located in a highly conserved region on the X chromosomes.
- ❖ **SOX9** : activate testis differentiation pathway.
- ❖ **SOX3** upregulates **SOX9** and initiates Sertoli cell differentiation.
- ❖ Transgenic mice overexpressing SOX3 led to frequent XX Testicular DSD.
- ❖ A cohort of 3/16 patients with SRY(-), 46, XX Testicular DSD, rearrangements of SOX3 locus were identified.
- ❖ This case strongly emphasize the major role of SOX3 gene in testes determination.

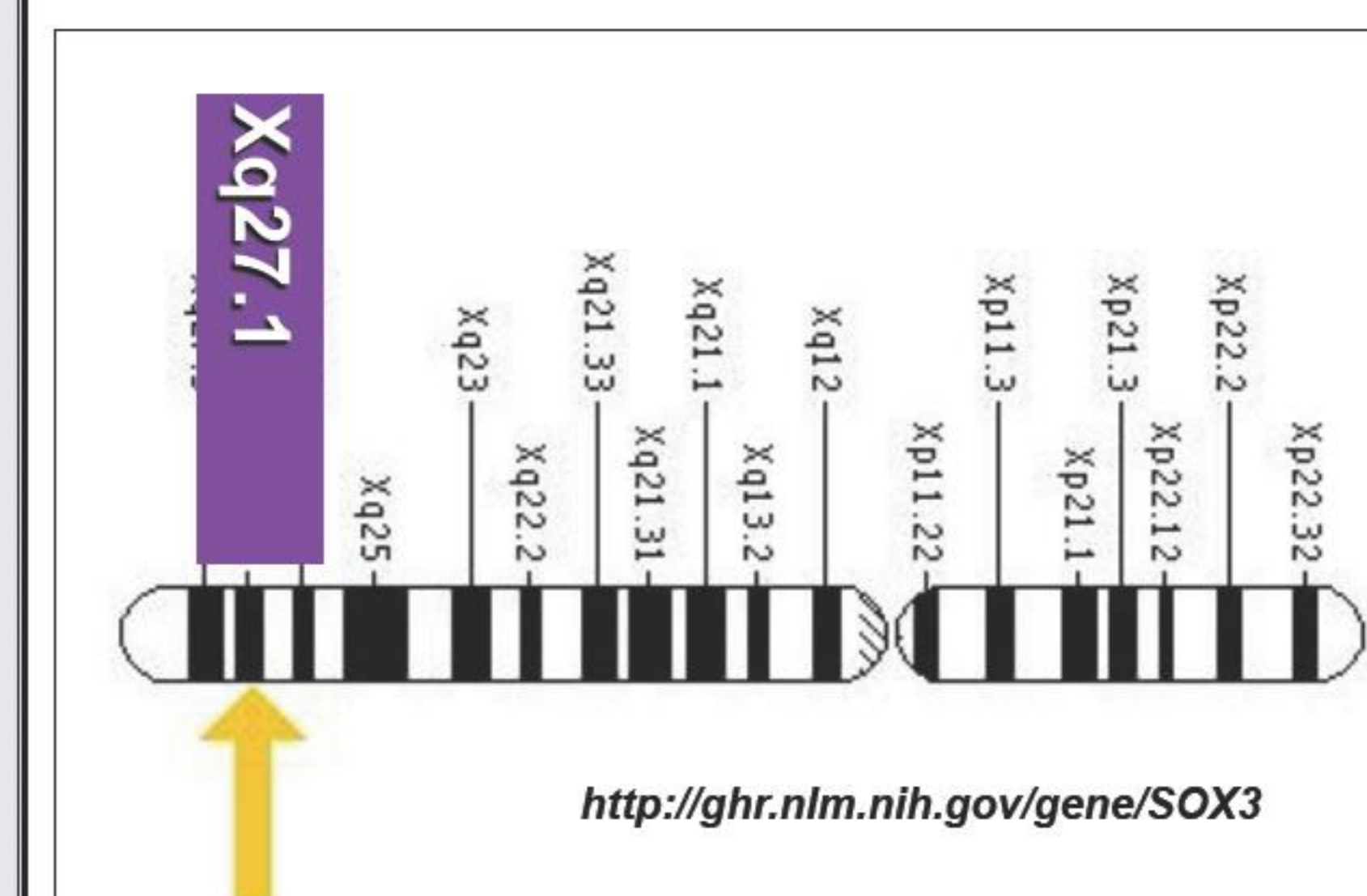


FIGURE 2: SOX3 LOCATION

IN CONCLUSION

- ❖ 46, XX Testicular Disorder of Sex Development are rare, and can range from normal male external genitalia to ambiguous.
- ❖ Following those patients in a multidisciplinary clinic is crucial, to address each aspect of their care.
- ❖ The clinical variation in 46XX males can't be completely explained by the presence and absence of SRY gene.
- ❖ Other genetic mutations have been identified in 46XX Testicular DSD (RSPO1, SOX9,10, SF-1, DMRT1, BPESC1, and DAX1).

CONTACT DETAILS

- ❖ **FOR FURTHER QUESTIONS OR COMMENTS, FEEL FREE TO CONTACT ME:**
- ❖ **fahed.aljaser@gmail.com**