

# YOUNG MALE ADOLESCENT WITH GENDER DYSPHORIA (GD)/ GENDER INCONGRUENCE- A CASE PRESENTATION

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## Background

Children and adolescents who have a gender identity that does not correlate with their assigned gender (based upon genital anatomy and chromosomes) are described as Gender-Dysphoric/Gender-Incongruent Persons (GD / gender incongruence) according to the ICD-11 classification of the World Health Organization

## Objective

The case of a young teenager with Gender Dysphoria Disorder

## Case presentation

A boy, aged 13 and 4/12 years, was admitted to the Pediatric Endocrinology Department reporting

- Marked discomfort with his primary and secondary sex characteristics
- Strong desire to change them and be treated as female
- The patient used to dress up with female clothes since 6 years of age
- He was constantly seeking information on the website about medical and surgical treatments for transition to his self-affirmed gender

**Medical history** was remarkable for a long-lasting and intense pattern of gender nonconformity, experiencing it since the age of 6-8 years

### On physical examination

- He was early pubertal with pubic hair at Tanner Stage II and 4 ml testicular volume

### Initial laboratory examination

- LH and testosterone levels compatible with the onset of puberty
- Karyotype was 46, XY, normal male

HORMONES	RESULTS
LH	2,04 mIU/ ml
FSH	3.36 mIU/ ml
Testo	1,02 ng/ml
TSH	3,36 µIU/ ml
fT4	1,31ng/dl

### Management

- He was followed by a qualified pediatric psychiatrist who confirmed that the adolescent's gender dysphoria worsened with the occurrence of puberty and that the adolescent's mental situation and functioning were stable enough to suppress pubertal hormones, as he strongly wished, in order to prevent any deterioration

- The adolescent and his parents were informed of the effects and side effects of such treatment and they gave informed consent to undergo treatment with GnRH agonist

## Results

- The patient today is 14 and 9/12 years old.
- He is regularly monitored by both specialties, Pediatric Psychiatrist and Endocrinologist
- He is under pubertal hormones suppression with GnRH agonist, in order to have time to explore his gender identity and find a gender role that is comfortable, before making definite decisions
- He still desires to live as member of the opposite sex and he persistently demands initiation of treatment with estrogen



## Conclusion

Children and adolescents with gender identity disorders is a very sensitive group that **should be treated only by appropriately trained group of physicians, mental health and pediatric endocrinology professionals**, in order to help them make a thorough and informed decision about permanent physical changes.

## References

J Clin Endocrinol Metab, November 2017, 102(11):3869–3903

