



Argentinean first experience with transgender child and adolescent

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Backgrounds

During last years there is an increasing number of referrals because of gender incongruence worldwide. In Argentina, in 2012, a gender identity law was sanctioned, establishing the right of gender reassignment during childhood, adolescence, youth and adulthood, without the need of previous medical and/or mental health evaluation. This was followed by a great number of referrals. There is scarce literature regarding longterm outcome in transgender persons who started treatment at early Tanner stages (2-3). Despite the law, our population still arrives late, with Tanner stages 4-5.

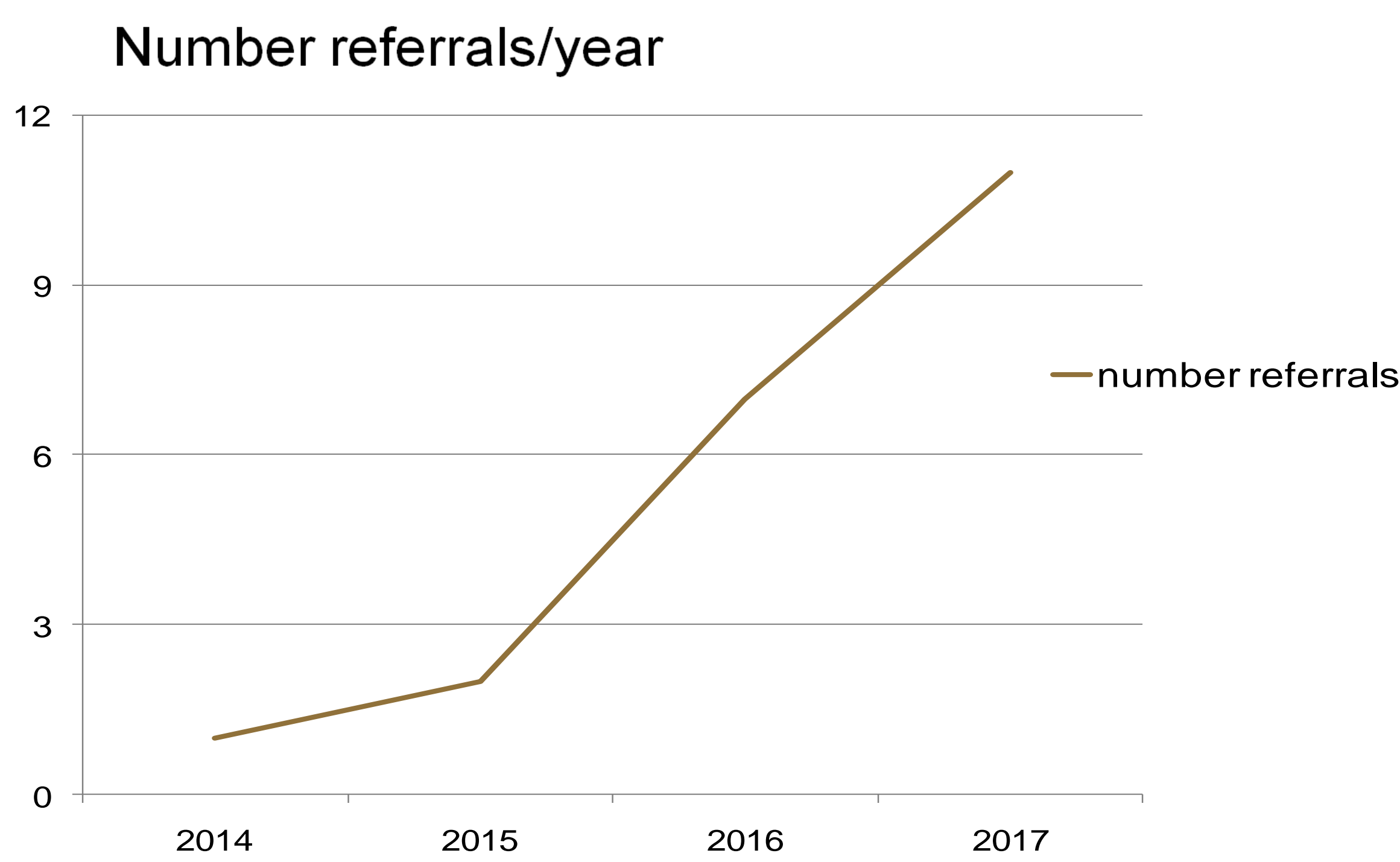
Objetive

To describe clinical, biochemical and epidemiological features of the first pediatric transgender cohort in a pediatric hospital of Argentina.

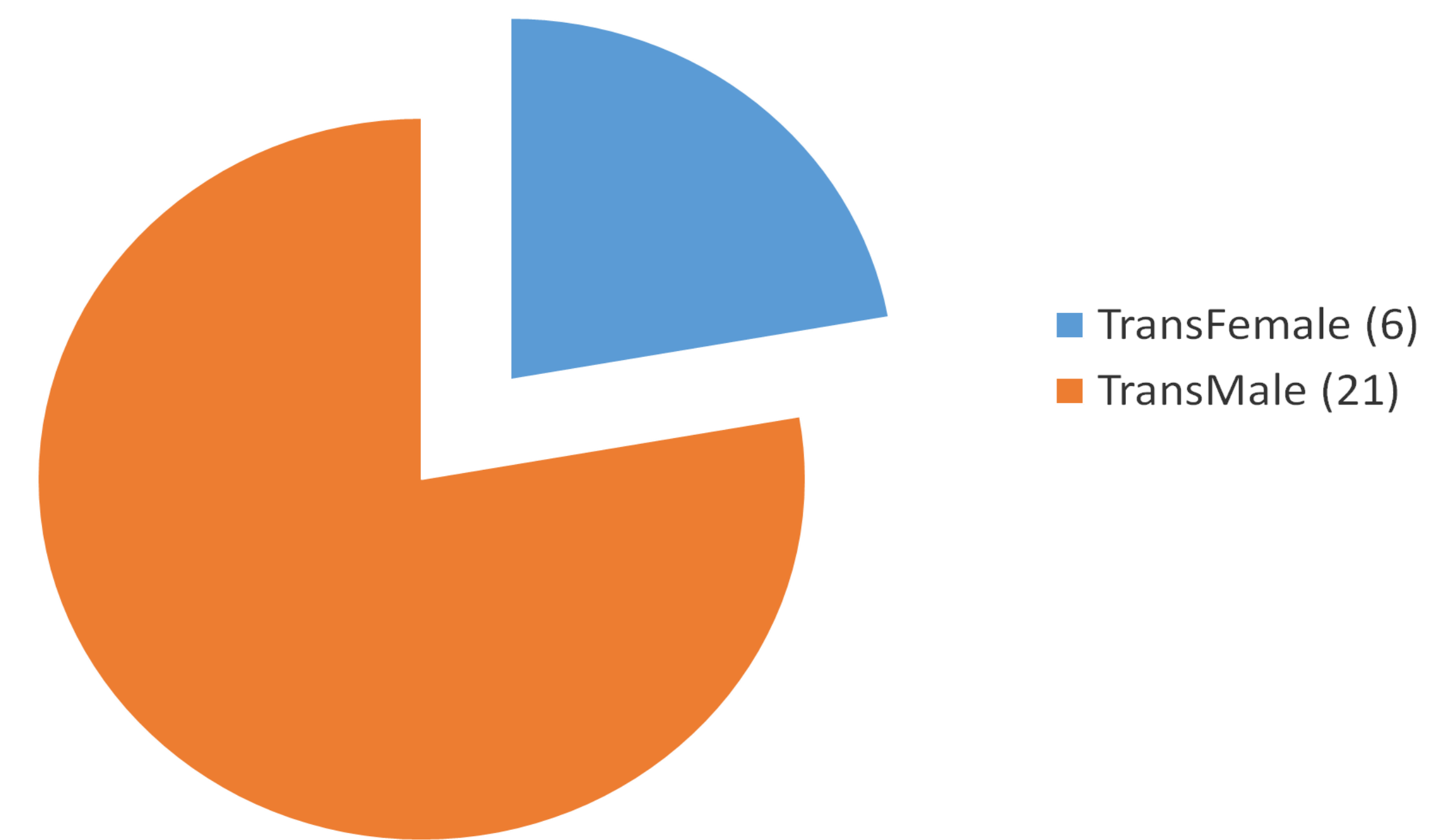
Materials & methods

Epidemiological characteristics, such as number of referrals/year, age, desired gender, age at first manifestations; anthropometric data (height, weight, target height, BMI); biochemistry (gonadal and adrenal function, metabolic and bone profile); age at menarchy in transgender boys and the presence of comorbidities was evaluated.

Results

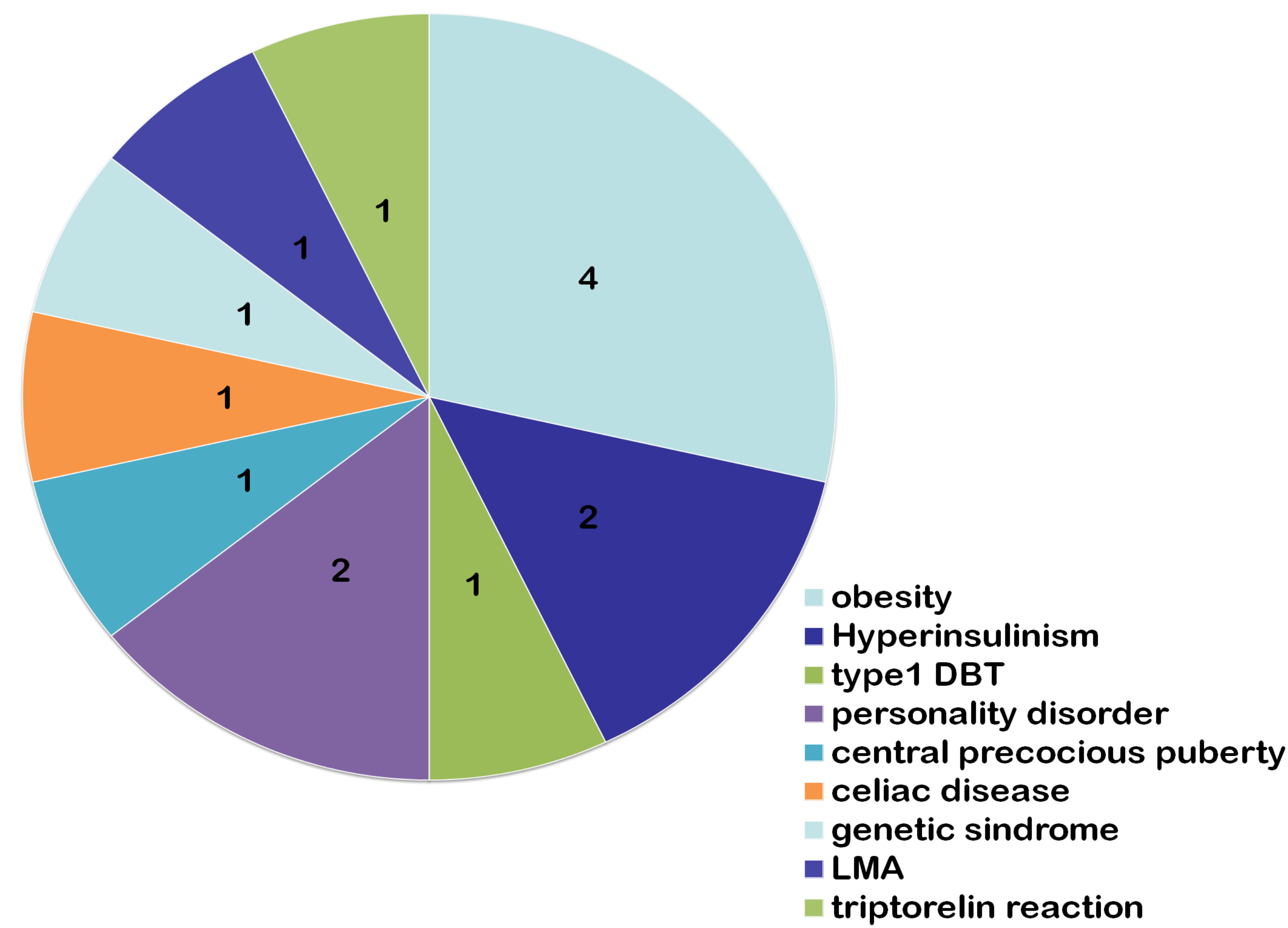


21 patients - M:F 2,5:1

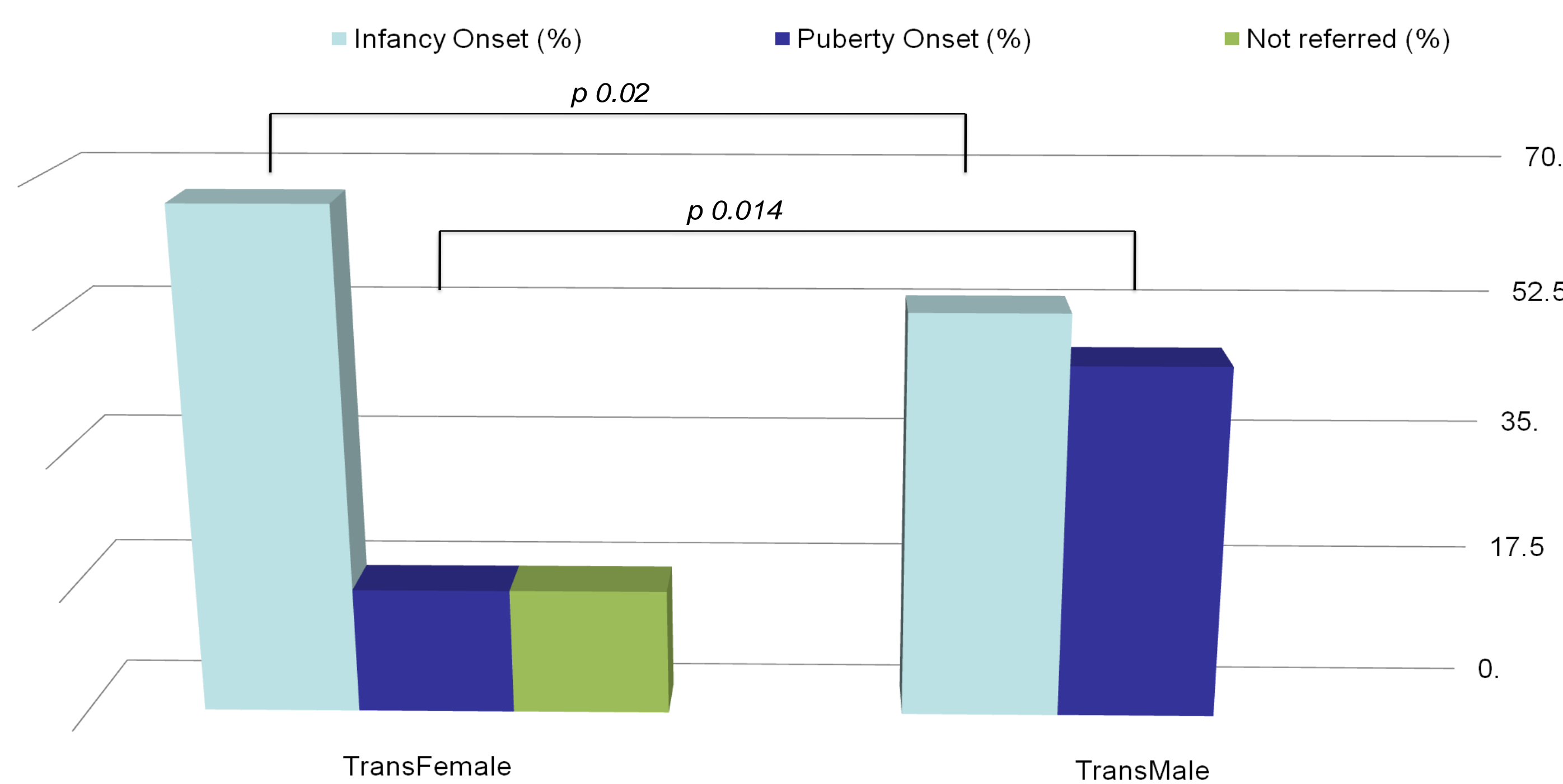


	Mean Age (range)	SD Height (range)	SDHeight - SD Target Height	Gonadal function	Adrenal function	L2-L4 BMD Z-score	Age at GnRH analog treatment	Age at Sex hormone treatment
Trans Female (n 6)	13.87 y (13.25-15.5)	0.46 (-0.88 to +1.36)	-0.09	N	N	0.2	14.4	16 y (2 patients)
Trans Male (n 15)	15.66 y (9.25-16.75)	0.003 (-1.85 to 1.16)	0.03	N	N	-0.3	14.25	17.35 y (3 patients)

Comorbidities



Percentage of Infancy or Puberty onset in Trans F and Trans M



Conclusion

During 3 years, 21 transgender children and adolescence were evaluated, and no significant alterations were seen regarding height, weight, gonadal and adrenal function and metabolic profile. Transgender in pediatric endocrinology is seen every year with more frequency, so it is necessary to keep studying this growing population, specially those who start puberty suppression treatment at early Tanner stage (2-3). More studies are needed with focus in the impact of treatment in quality of life.