THE "EXTERNAL GENITALIA SCORE"

A EUROPEAN MULTICENTER VALIDATION STUDY

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INTRODUCTION

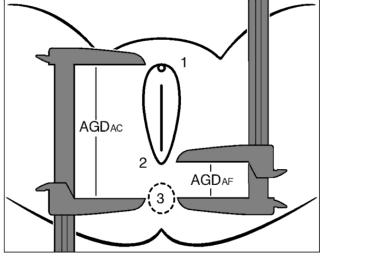
For the initial work-up of a child with DSD a detailed description of the external genitalia should be recorded. Until now the Prader Scale (PS) and External Masculinization Score (EMS) are used. The "External Masculinization Score" (EMS) is an objective method to describe undervirilized genitalia in male infants. A standardized genital assessment that captures the appearance of the genitalia across the phenotypic spectrum from female to male is needed at diagnosis and during follow up and can be used in established international registries enabling clinical research studies. The "external genitalia score" (EGS) was developed by working group 1 of COST Action BM1303. The ano-genital distance (AGD) is a sensitive index of androgen action during fetal development.

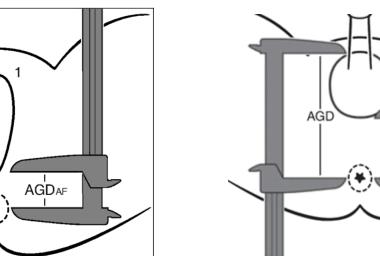
OBJECTIVES

Validation of the External Genitalia Score. Presentation of normal values for premature and term infants, babies up to 2 years and in babies with atypical genitalia.

METHODS

EGS was compared to Prader Score and EMS. Ano-genital distances were measured using the TIDES protocol and video training. Intra- and inter-observer variability of the different scoring systems and AGD's were studied in infants with typical and atypical genitalia. Repeat measurements for each distance were done. In a multicenter validation study, cross-sectional reference data were obtained.





Anogenital distance in The Infant Development and the Environment Study (TIDES) Prader Score

Normal ♀	1	Ш	Ш	IV	٧	Normal d
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Scrotal fusion	Micro penis	Urethral meatus	Right gonad	Left gonad
N	Y	Prox	Ab	Ab
		Mid	Ing	Ing
 			L/S	L/S
 		Distal		
 	N	Norm		

EGS	LABIO- SCROTAL FUSION	GENITAL TUBERCLE	URETHRAL MEATUS	LOCATION RIGHT GONAD	LOCATION LEFT GONAD
3	fused	≥ 31	typical male		
2,5		26-30	coronal glandular		
2			penile		
1,5	posterior fusion	21-25	peno- scrotal	labio- scrotal	labio- scrotal
1		10-20	scrotal	inguino- scrotal	inguino- scrotal
0,5			perineal	inguinal	inguinal
0	unfused	≤10	typical female	impalpable	impalpable
Ext	ernal Gen	italia Score			

Stretched penile lenght

Gestational age (weeks)	No	SPL mean	SD	95 % CI
<28	7	19,7	4,9	15,1-24,2
28-33	20	27,7	4,7	25,5-30,0
33-37	28	28,2	4,7	26,4-30,1
>37	174	31,2	5,4	30,4-32

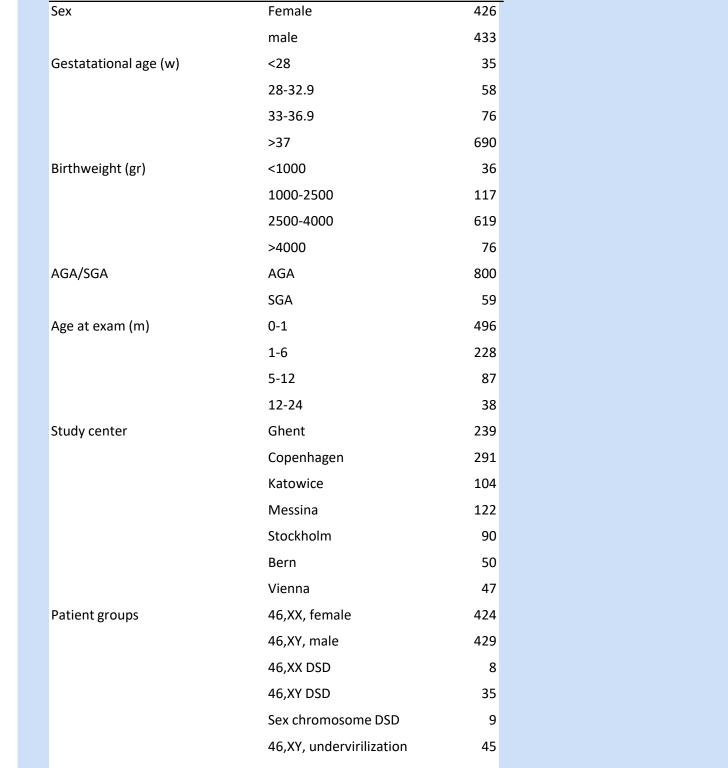
Age Group		SPL	SD	95 % CI
(months)	No	mean		
0-1	229	30,2	5,7	29,5-30,9
1-6	118	31,2	5,6	30,1-32,2
6-12	45	34,0	5,5	32,3-35,6
12-24	14	37,3	4,1	35,0-39,7

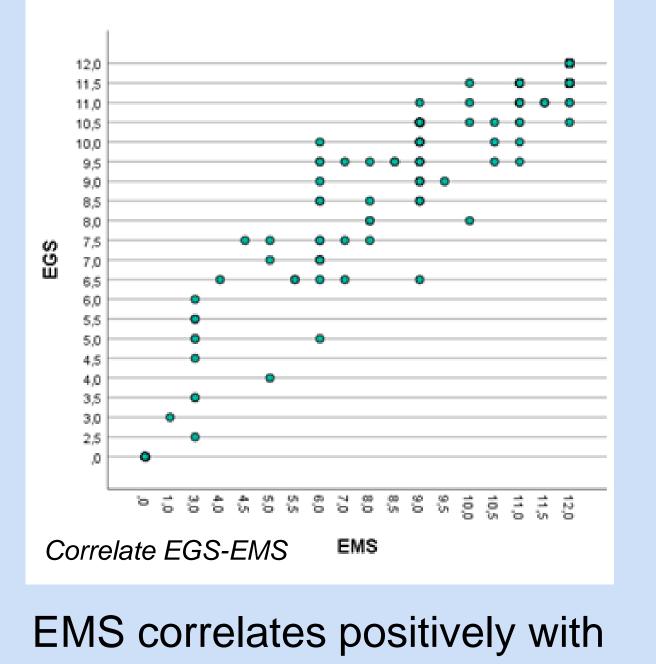
RESULTS

Inter-observer reproducibility of EGS in typical and atypical genitalia is excellent, being 1 and 0,98 respectively (95%RI 0,97-0,99).



Characteristic of patients

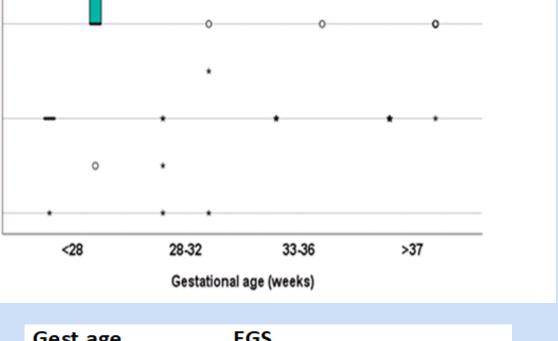




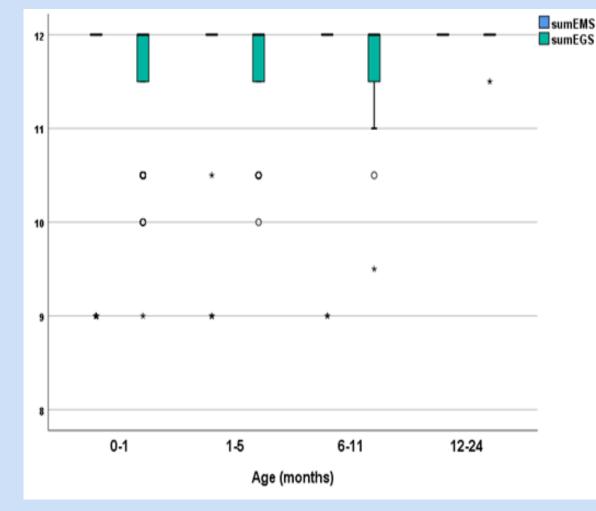
EGS(Spearman's r=0,97, P<0,05)

The ano-genital ratio in male and females followed a normal distribution. The anogenital ratio does not correlate with anthropometric variables or gestational age. AGD ratio as a correlates positively with the EGS (Spearman's r=0,19, p<0,05) AGDratio as/ap in 46,XY DSD correlates positively with the EGS (Spearman's r=0,47, p< 0,05) AGDas/ap in 46,XY typical genitalia is significantly different from AGDas/ap in 46,XY atypical denitalia (t -30 n/0.05 CI 0.03_0 08)

AGD-ratio	46,XY Typical genitalia	46, XY DSD	46, XY undervirilized	A	GD-ratio	46,XX Typical genitalia	46, XX DSD
	No mean; SD	No mean; SD	No mean; SD			No mean: SD	No mean: SD



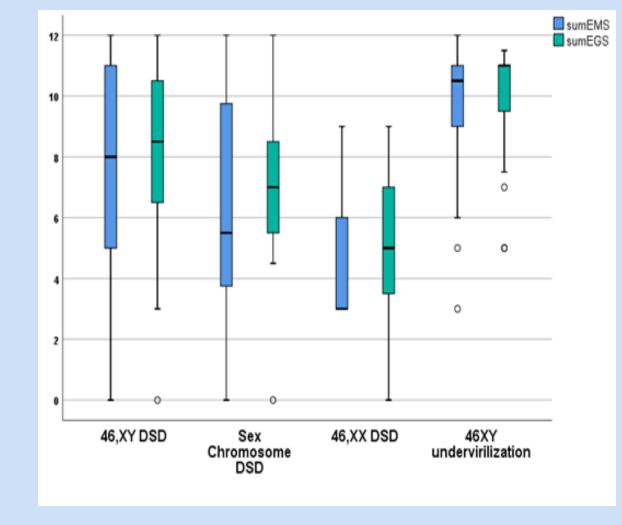
Gest.age		EGS		
(weeks)	No	median	P10	P90
<28	5	10	8,5	11
28-33	21	11,5	<mark>9,6</mark>	12
33-37	26	11,7	10,5	12
fullterm	171	12	<mark>10,5</mark>	12



groups		EGS		
nths)	No	median	P10	P90
	233	12	<mark>10,5</mark>	12
	117	12	11 5	12

10		0	0	0	
		*			
9		*	* *		
		*			
8		* *			
	<1000	1000-2500	2500-4000	>4000	
		Birthwei	ight (gram)		

birthweight		EGS		
(gram)	No	median	P10	P90
<1000	22	11	8,8	12
1000-2500	63	11,5	10,5	12
2500-4000	292	12	10,5	12
>4000	49	12	11,5	12



atypical	germana (r -	-0,0, p<0,0	5, CI 0,05-0,	00)		
AGD-ratio	46,XY	46, XY DSD	46, XY	AGD-ratio	46,XX	46, XX DSD
	Typical genitalia		undervirilized		Typical genitalia	
			No mean; SD			No mean; SD
	-		-			
AGDas/ap	418 0,50; 0,09	22 0,47;0,1	43 0,42; 0,1	AGDaf/ac	415 0,39;0,07	5 0,45; 0,1

CONCLUSIONS

The EGS can describe the phenotypic spectrum from female too male in premature and term infants up to 24 months. The AGD-ratio correlates positively with EGS in male infants.



REFERENCES

- 1. The role of the clinical score in the assessment of ambiguous genitalia. SF Ahmed. 2000
- 2. Anogenital distance and penile width measurements in the Infant Development Environmental Study (TIDES), Methods and predictors. Sheela Sathyarayanara et al. 2015



Sex differentiation, gonads and gynaecology or sex endocrinology

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