

SELF-REPORTED FEELINGS OF ADULT PATIENTS WITH DIFFERENCES OF SEX DEVELOPMENT (DSD) REGARDING GENITAL SURGICAL PROCEDURES

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INTRODUCTION

DSD patients present varied degrees of atypical genitalia. The social sex assignment and the surgery decisions must be proceeded by a multidisciplinary team approach with the family. Surgeries should be only performed by experienced surgeons. The current trend is the early correction, but some patients and non-governmental entities argue that the surgeries should be delayed until the patient's consent.

RESULTS

Table 1: Patients characteristics.

	Whole group (n: 67)
Mean age (Y) ± SD	37.1 ± 3.2
Range	16.6 - 66
Social sex (n/%)	
Male	27 (40%)
Female	40 (60%)
Educational level (%)	
Unconcluded school	10.5
High school concluded	41.5
University	48
Syndromic diagnosis (n/%)	
46,XY	54 (80.6)
46,XX	8 (11.9)
Chromosome DSD	5 (7.5)
External genitalia aspect (n/%)	
Atypical genitalia	46 (68)
Female external genitalia	21 (32)

Diagram 2: "When would you like to have undergone to genital surgeries?"

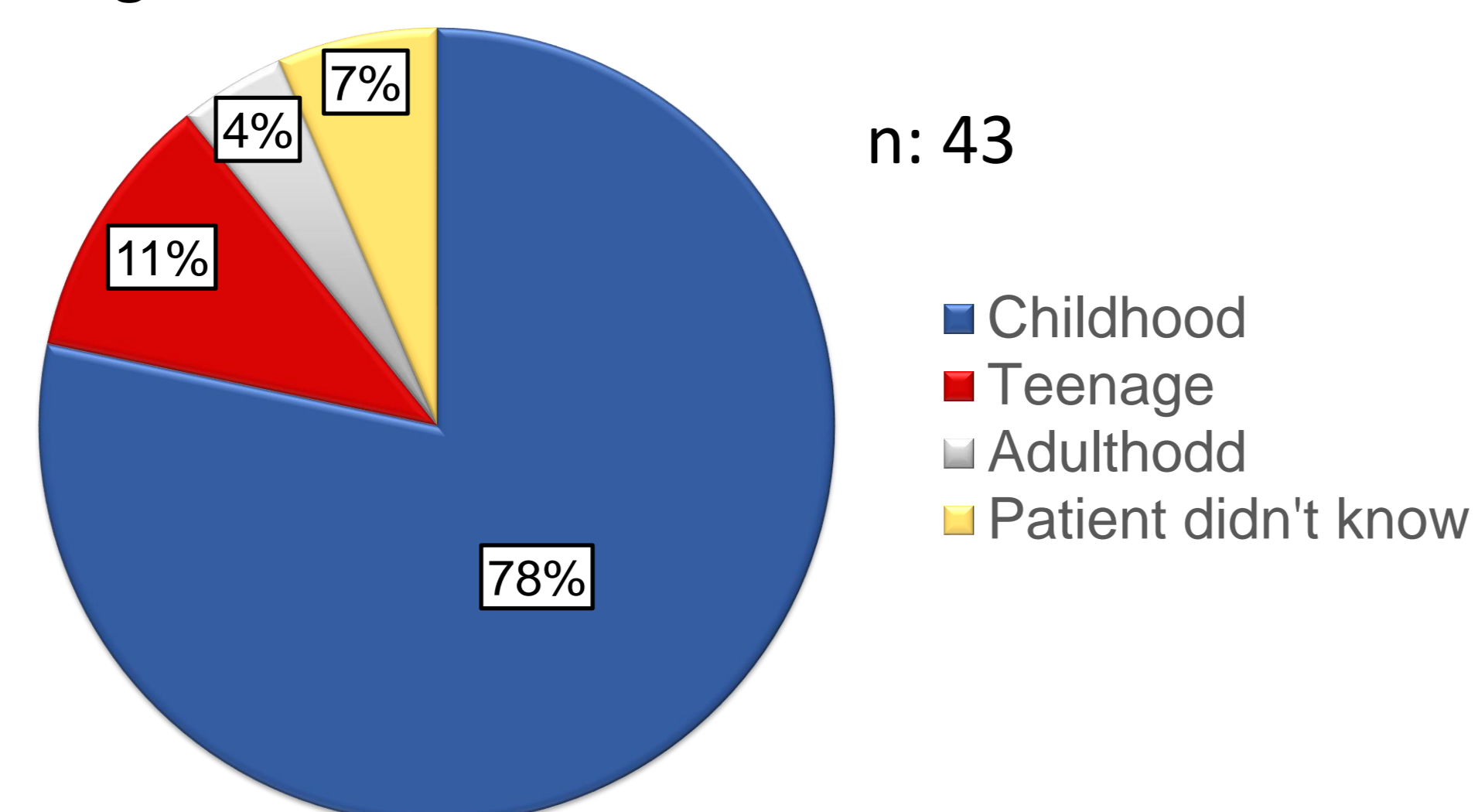
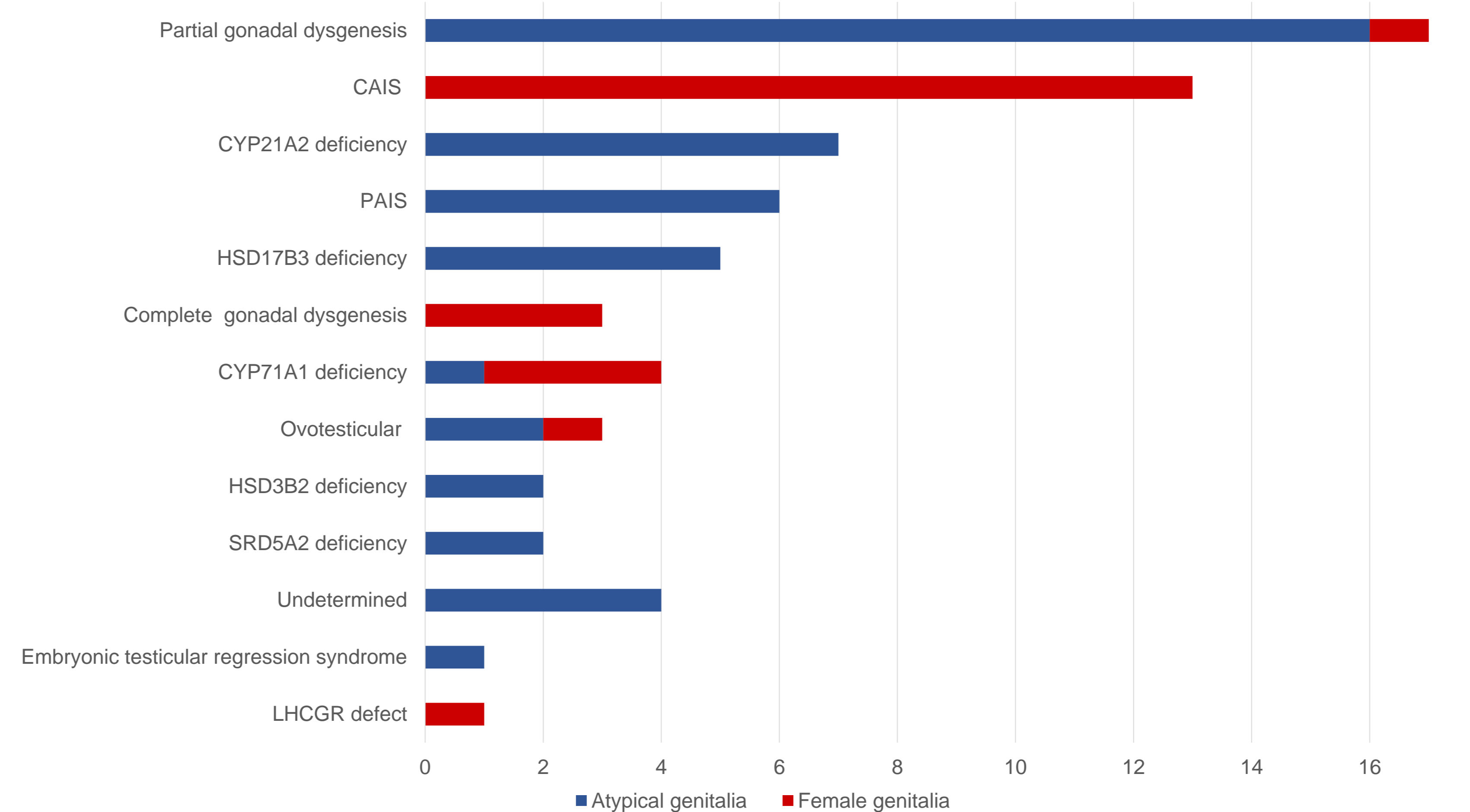


Diagram 1: Patients diagnosis and external genitalia aspect.



In 71% (33/46) of the atypical genitalia were noted at birth

Diagram 3: Discomfort related to atypical genitalia before and after surgery procedures

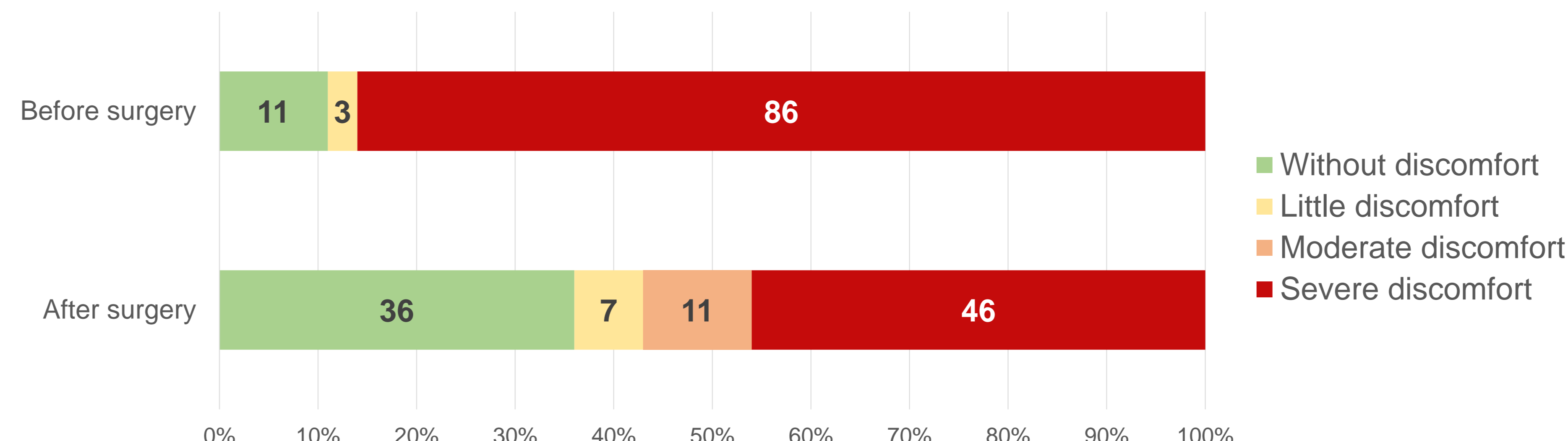


Table 2: Age at first surgery.

	All surgeries n: 65	Masculinizing surgery n: 23	Feminizing surgery n: 24	Isolated gonadectomy n:18
Patient's age at first surgery (y)				
Median	9	4.5	4.5	16
Range	0.11 - 40	0.16 - 40	0.11 - 34.25	0.66 - 39

Number of surgical procedures:

Among the patients submitted to surgeries, 54% of them were submitted only to one surgical procedure and 21% of them were submitted to more than three surgical procedures.

Surgical complications:

Masculinizing surgery: 14 of 23 patients (60.9%):

- 11 fistulas, 4 stenosis and 2 infections

Feminizing surgery: 1 of 24 patients (4.2%)

- 1 vaginal introits stenosis

Complications were associated with higher number of surgeries (p: 0.01*)

Gender reassignment: 8.8% of the

46,XY DSD patients (6/68) presented gender dysphoria. The mean age of the patients was 49.6 y and the mean age at gender change was 25.5 y.

CONCLUSIONS

Most adult DSD patients considered childhood the ideal time to correct their atypical genitalia. The severe discomfort related to atypical genitalia presented by most of the patients was significantly reduced after genitoplasty. An early treatment and follow up with a multidisciplinary team may achieve positive results on surgical approach of the atypical genitalia in childhood with low prevalence of gender dysphoria in adulthood.

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