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.

AIM AND METHOD

To analyze the perspectives and feelings of adult DSD patients followed at a reference center in São Paulo regarding surgical approach. It was a transversal study. The patients were submitted to individualized semi-directed interviews to answer a questionnaire containing several questions regarding surgical procedures.

RESULTS

Table 1: Patients characteristics.

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

Diagram 1: Patients diagnosis and external genitalia aspect.

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

n: 43

- Childhood
- Teenage
- Adult/18
- Patient didn’t know

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

Before surgery: 11, 3, 86
After surgery: 36, 7, 11, 46

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

Table 2: Age at first surgery.

<table>
<thead>
<tr>
<th>All surgeries n: 65</th>
<th>Masculinizing surgery n: 23</th>
<th>Feminizing surgery n: 24</th>
<th>Isolated gonadectomy n:18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient's age at first surgery (y)</td>
<td></td>
<td>Median</td>
<td>Range</td>
</tr>
<tr>
<td>9</td>
<td>4.5</td>
<td>4.5</td>
<td>0.11 - 40</td>
</tr>
</tbody>
</table>

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 introtos 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.

REFERENCES


CONTACT INFORMATION

www.atipiagenital.com
atipiagenital@gmail.com

Table 2: Age at first surgery.