

Clinical case: Gender identity disorder as an etiology of hypothalamic amenorrhea

Volkova N.I., Porksheyan M.I., Kanaeva S.A.

Rostov State Medical University, Rostov on Don, Russia

ACTUALITY

Hypothalamic amenorrhea is a diagnosis of exclusion, frequent cause of which are medications or psychiatric disorders (bulimia/anorexia). Here we present a case, when its etiology was gender identity disorder.

CLINICAL CASE

Complaints

18-years-old girl presented with absence of menses during last year

Anamnesis

1 Menses began at the age of 14 and were regular till age of 16, when she moved to another city.

3 "Ovarial hypofunction" was established, and vitaminotherapy was prescribed without any effect.

2 FSH 4,6 mU/ml (1,37-9,9),
• LH 7,2 mU/ml (1,68-15,0)
• Estradiol 20 pg/ml (68-606),
• Total testosterone 0,5 nmol/l (0,38 – 1,97),
• TSH 2 mU/l (0,4 – 4,0),
• Prolactin 570 mU/l (109 – 557),
• Pelvis US: multifollicular ovaries

4 She appealed to different specialists, however, definitive diagnosis wasn't established.

5 At the age of 17, menses were recovered spontaneously and stopped again in 6 months.

Physical examination

BMI 19 kg/m², hirsute number 0, breast development Tanner 5.

Differential diagnosis

• No pregnancy (hCG negative)

• No postpill amenorrhea

• No weight gain/ loss

• No congenital abnormality

Clues to diagnosis

- hysterical behavior and talking about herself as an asexual being
- her menses recovered at that time, when she fell in love and felt as a woman

Diagnosis

- Psychiatrist: gender identity disorder. Endocrinologist: hypothalamic amenorrhea

CONCLUSION

In case of amenorrhea, body weight changes and careful inspection are needed while suspicion of bulimia/anorexia. It is also needed to pay attention to patient's speech, which may be a clue to diagnosis of gender identity disorder as a cause of hypothalamic amenorrhea.

