

# ENDOCRINOLOGICAL APPROACH OF INDIVIDUALS WITH GENDER DYSPHORIA (TRANSSEXUALITY): EXPERIENCE OF A LARGE CENTER

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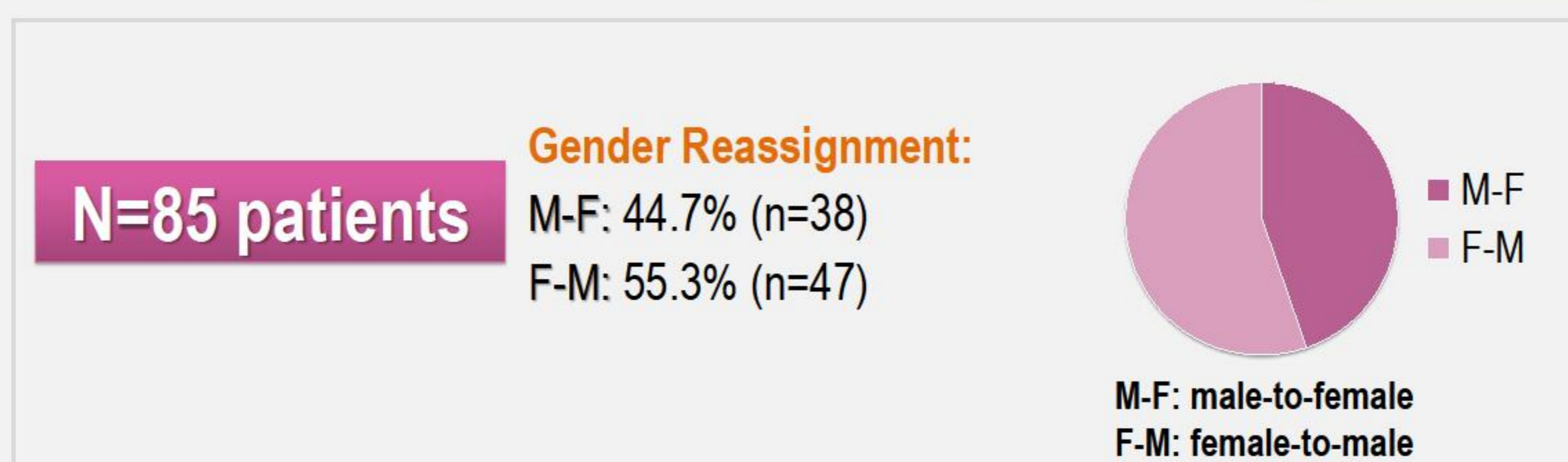


**INTRODUCTION:** Gender dysphoria (GD) is featured by significant difference between the individual's expressed gender and the gender others would assign him or her, with marked distress in social and occupational functionality, according to DSM-V classification. We report the experience in the clinical evaluation and the results of hormonal therapy and sex reassignment surgery in a hospital center.

**METHODS:** It was conducted a retrospective analysis of 85 patients with GD, referred for clinical and psychological evaluation, hormone therapy and sex reassignment surgery (SRC) at the Genitourinary and Sexual Reconstruction Unit of Coimbra Hospital and University Centre (Portugal).

## RESULTS

### Clinical evaluation



Age	M-F	F-M	p
Clinical presentation	8.46±3.75	6.33±2.09	0.005*
First endocrinological evaluation	34.16±11.85	25.36±9.87	<0.001*

\*p<0.05; T-Student test

Associated diseases	M-F (n=38)		F-M (n=47)		p	Total
	n	%	n	%		
Type 2 Diabetes	2	2.4	0	0	-	2 (2.4%)
Thyroid disease <sup>1</sup>	1	1.2	6	3.5	-	7 (8.23%)
Neoplasia	0	0	1	1.2	-	1 (1.2%)
HIV	3	3.5	0	0	-	3 (3.5%)
HCV	1	1.2	0	0	-	1 (1.2%)
HBV	0	0	1	0	-	1 (1.2%)
Previous addiction	2	2.4	3	3.5	-	5 (5.9%)
Karyotype alteration <sup>2</sup>	0	0	1	1.2	-	1 (1.2%)
Psychiatric disease	15	17.6	11	12.9	0.202*	26 (30.5%)
Self-medication	9	10.6	2	2.4	-	11 (12.9%)
Previous sex-reassignment surgery	4	4.7	7	8.2	-	11 (12.9%)

<sup>1</sup>Autoimmune thyroiditis (3)  
MING (3)  
Papilar Carcinoma (1)

<sup>2</sup>Turner Syndrome(1)

\*p<0.05; Mann Whitney Test

### Hormone Therapy

	M-F (n=38)		F-M (n=47)		p	Total
	n	%	n	%		
Hormone therapy	25	39.7	38	60.3	0.117*	63
Secondary effects	6	9.5	8	12.7	-	14

\*p<0.05; Mann Whitney Test

Peripheral edema (2) → Estradiol valerate; Medroxyprogesterone acetate  
Cutaneous Rash (2) → Medroxyprogesterone acetate  
Headaches (1) → Estradiol valerate  
**Acne (7) → Testosterone enanthate**  
Acute poisoning (1) → Medroxyprogesterone acetate  
Panic attacks (1) → Testosterone enanthate

**There were no thromboembolic events**

### Duration of hormone therapy

	M-F	F-M	p
Duration of therapy (months)	48.23±56.45	41.89±46.62	0.886*

\*p<0.05; Mann Whitney Test

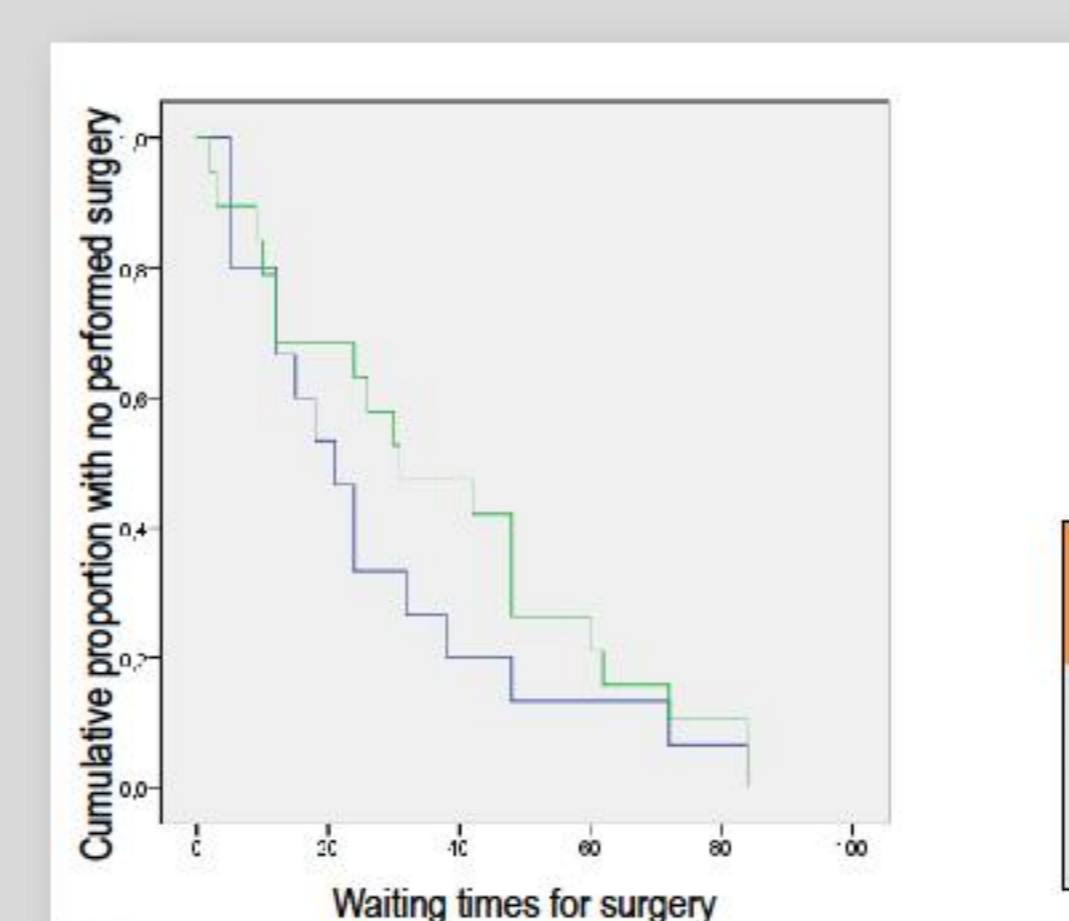
### Pharmaceutical groups used in hormone therapy

M-F	F-M
Estrogen therapy: n=25 (100%)	Testosterone enanthate: n=38 (100%)
Antiandrogens: n=11 (44%)	Triptorelin acetate: n=23 (60.5%)
Progestogens: n=8 (32%)	

### Surgical Therapy

	M-F (n=38)		F-M (n=47)		p	Total
	n	%	n	%		
Surgical Treatment	14	37.8	23	62.2	0.264*	37
Complications <sup>1</sup>	4	28.6	7	30.4	-	

<sup>1</sup>Most frequent complication: persistent or relapsed urethral fistula \*p<0.05; Mann Whitney Test



### Time of waiting for surgery

	M-F	F-M	p
Time of waiting for surgery (months)	23.64±18.88	39.55±27.89	0.056***

\*p<0.05; T-Student test

### Most frequent surgical interventions

Surgical intervention	n (%)
Breast augmentation	7 (50%)
Vaginoplasty + Breast augmentation	5 (35.7%)
TAH+BSO + Vaginectomy + Bilateral mastectomy	15 (65.2%)
Bilateral mastectomy	7 (30.4%)
Phalloplasty	6 (26.1%)



**CONCLUSIONS:** It was found that 55.3% of patients pretended sex reassignment therapy from F-M. Most of the patients (74.1%) performed hormonal therapy without significant complications, so we can conclude that testosterone and estradiol treatment in physiological levels are effective and safe in female and male transsexual patients. Although 30% of operated patients had post-surgical complications, we consider that with increased clinical and surgical experience, long-term outcomes for transsexual persons should improve.

**BIBLIOGRAPHY:** Hembree WC *et al.*, Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline, J Clin Endocrinol Metab, 2009, 94 (9):3132-3154; Leinung MC *et al.*, Endocrine Treatment of Transsexual Persons: Extensive Personal Experience, Endocr Pract. 2013; 19 (No.4); Costa E. *et al.*, Clinical management of transsexual subjects, Arq Bras Endocrinol Metab, 2014; 58/2; Turan S *et al.*, Sociodemographic and Clinical Characteristics of Transsexual Individuals Who Presented to a Psychiatric Clinic For Sex Reassignment Surgery, Turkish Journal of Psychiatry, 2015; World Professional Association for Transgender Health: www.wpath.org