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

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