

Triphasic Protocol for Treatment of a Transgender Female Aqsa Malik MS-III, Sherman Leis DO, FACOS



Introduction

Transgender people are more likely to experience poor health outcomes compared with the general population, especially in the areas of severe depression and anxiety. Gender affirming care can be life saving and greatly improves the overall well-being of gender diverse patients by encompassing psychological, medical, and surgical treatment. We report this case as an example of the rapidly expanding specialty of transgender medicine.

Case Summary

A 32-year-old male to female (MtF) transgender patient experienced long-standing gender dysphoria: psychological distress from identifying with the female gender rather than the male sex assigned at birth. Presenting symptoms include a desire to live as female, to enhance female and remove male secondary sex characteristics, and feelings of severe distress over existing male anatomy. For diagnosis of gender dysphoria, a comprehensive mental health evaluation was completed, and DSM-5 criteria were confirmed.

The first step was mental health evaluation which identified mental stability, any psychiatric pathology which was treated as indicated, and offered guidance and support. The patient was then referred for hormonal therapy. Hormone replacement therapy enhanced feminization by administering female hormones which were adjusted based on repeated testing of hormone blood levels. Under HRT and mental health support, the patient learned to present herself appropriately in her desired gender i.e. clothing, cosmetics, feminine speech and social behavior..

Case Summary cont.

Transgender surgery was undertaken following assurance of satisfactory overall medical condition and the recommendation of mental health consultants. This patient underwent facial feminization, breast augmentation, and MtF genital reassignment. Uniquely, the scrotal skin was utilized as a flap rather than a graft to surgically construct the vaginal canal, labia, and perineum.



Figure 1. A) Pre-Operative.



B) Post-Operative facial feminization surgery.



Figure 2. A) Pre-Operative.



B) Post-Operative breast augmentation.



Figure 3. A) Pre-Operative



B) Post-Operative male-to-female genital reassignment surgery.

Case Summary cont.

The patient was monitored monthly for a year and reported an increased overall satisfaction with genital self-image, dramatically reduced feelings of gender dysphoria, and reported no incidence of urethral fistula, vaginal stenosis, or introital necrosis.

Discussion

Gender-affirming care treats individuals holistically with mental health care and by aligning physical anatomy with gender identity. Unlike other surgical procedures, gender-affirming surgery unifies the body, mind and spirit as a unit. Utilizing the scrotal skin as a flap reduced excessive scar tissue contributing to incidence of vaginal and introital stenosis as well as maintaining blood and nerve supply. The educational value of this report is to recognize this medical entity and current evaluation and treatment modalities which are well-documented in medical literature. Future treatment of transgender individuals will evolve as refinements are continuously being developed and reported by mental health specialists, endocrinologists and surgeons working with this patient population.

References

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