





جامعة الفيوم Fayoum University

5. البحث الخامس: بحث جماعي منشور

Evaluation of Early Outcomes of Feminizing Genitoplasty in Virilized

Female Children with Congenital Adrenal Hyperplasia

Kasr El Ainimedical Journal -

الملخص الانجليزى:

Background and Rationale:

Congenital adrenal hyperplasia in females leads to virilization of the externalgenitalia and an anomalous lowergenitourinary tract. Hormonal therapy controls theendocrinopathy.

Surgical repair of the anomaly is indicated to allow raising a female child with external genitalia matchingher gender and to avoid psychological complications. Surgery at an earlier stage is believed to be easierand of better results than when deferred to adolescence.

Objectives:

To study the anatomical abnormalities of genotypic females with virilized atypical genitalia due to congenital adrenal hyperplasia and their impact on surgery and toreview the surgical techniques of feminizing genitoplasty and their early short termout comes. We aim to highlight the multidisciplinary management for these complex cases and todiscuss the difficulties and challenges met during this.

Patients & Methods:

Genotypic prepubertal femaleswith virilized atypical genitalia due to congenital adrenal hyperplasia were included. Radiological studies in the form of sonography to visualize the uterus and gonads and genitography for delineation of the urogenital tract then followed. Endoscopic assessment (cystoscopy) was done at the time of surgery withcatheter placement in both the vagina and urethra to guide the surgical procedure. Surgical genitoplastyaimed at a single-stage full correction for all cases preferring partial urogenital mobilization.

Outcome parameters:

Achievement of an acceptable female appearance of the external genitalia, achievement ofadequately sized and positioned vaginal and urethral orifices, and occurrence of short term complications.

Conclusions:

Feminizing genitoplasty can be done safely between the age of 6 months and one year. Flapvaginoplasty and cut-backexteriorization are only suitable for low confluence. Partial urogenitalmobilization is a safe and effective technique that issuitable to most cases.