

GENDER CHANGE IS NOT IMPERATIVE IN PATIENTS OF MGD AND DMP

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Aim: To critically evaluate the clinical, cytogenetic, endocrinological, operative and histopathological findings in patients with MGD and DMP

Methods: A retrospective study was conducted in 40 patients over a period of 25 years. MGD: DMP was diagnosed in 31: 9 patients. The mean age was 2.5 years (range 1 month to 19 years). The diagnosis was made on the basis of Karyotype, ultrasonography, genitogram, mini-laparotomy and gonadal biopsy.

Results: 29 patients were reared as male and 11 as female. An external vaginal orifice was seen in 85% of these 40 cases. All cases had severe hypospadias. Labio-scrotal folds were seen in 52%: 67% of MGD: DMP cases. 77.4% of MGD reared as male had a cylindrical phallus; 40% had penoscrotal transposition. No gynecomastia was observed. Left: Right streak was found in 52%: 48% of MGD. Mosaicism was seen in 45% of MGD. All cases of DMP had 46 XY karyotype. 44.4% cases of DMP were reared as male. A scrotal gonad was located in 55% of MGD and 6.5% had a high inguinal gonad. 82% of scrotal gonads were preserved. A scrotal gonad was located in 33.3% of DMP and all were preserved. Gonadal biopsy was taken in all cases. Gonadal tumour was not detected in any case

Conclusion: Gender change and gonadal removal are not imperative in cases of MGD and DMP. However, removal of all dysgenetic, hypoplastic or streak gonads in both phenotypic males and females is recommended

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