

FEMALE GENITAL MUTILATION OF A CHILD WITH A MALE CHROMOSOME COMPLEMENT: A LIFELONG FELONY

M. Ellaithi, T. Nilsson, D. Gisselsson, A. Elagib, H. Eltigani and I. Fadl-Elmula

Background: Female genital mutilation (FGM) is commonly practised mainly in a belt reaching from East to West Africa north of the equator. The practice is known across socioeconomic classes and among different ethnic, religious, and cultural groups. Few studies have been appropriately designed to measure the health effects of FGM and only some studies have been designed to recognize the psychological effects of FGM.

Case presentation: The patient first presented as a female with delayed puberty. Hormonal analysis revealed a normal serum prolactin level of 215 Mu/L, a low FSH of 0.5Mu/L, and a low LH of 1.1Mu/L. Aggressive FGM had been performed during childhood. Chromosomal analysis showed a 46,XY karyotype and ultrasonography demonstrated a soft tissue structure in the position of the prostate.

Conclusion: FGM can not only cause a physical and psychological damage to females but it can also pose a threat to the diagnosis and management of male children with abnormal genital development in the Sudan and similar societies.

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Contact information of Abstract Presentor:

Title: Ms.

Name: Mona

Surname: Ellaithi

Institution: International university of Africa

Address: International University of Africa, Faculty of Medicine and Health Sciences, P.O.Box: 2469 Khartoum, Sudan.

Tel.: 249 9 11137872

Fax.: 249 240372

E-mail: ellaithi_mona@yahoo.com