

SURGICAL MANAGEMENT OF AMBIGUOUS GENITALIA IN CHILDREN

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Introduction: A child having secondary sexual features not totally differentiated in a male or female way, at variance with the cariotype, represents a controversial problem whose evaluation requires a multidisciplinary approach by a geneticist, a pediatrician and a pediatric surgeon.

The role of the pediatric surgeon lies in executing an exact evaluation of the genital – perineal region, and in planning the surgical correction, generally a feminizing genital – labio plastic surgery.

Purpose: This paper displays the experience of 11 patients affected by intersex who were operated on in a 5 year period.

Methods: 7 cases presented insensibility to androgens, cariotype 46xy, 13 years old, medium age, at the moment of the diagnosis (minimum age 6, maximum age 17), female phenotype, and familiarity in 1 case. They were diagnosed as bilateral hernia (3 cases) or primary amenorrhoea (4 cases).

2 cases presented a deficit of 17 β HSD, medium age 3 years old, cariotype 46xy, female phenotype, and clitoridomegaly. They were diagnosed as bilateral palpable inguinal gonad tumefactions. 1 case, 8 years old, presented female phenotype, cariotype 45xy/46xx(y) and Turner Syndrome with typical clinical features. 1 case of actual hermaphroditism, 2 years old, presented cariotype 46xx/46xy (40%), female phenotype and urogenital sinus.

In all cases of peripheral insensibility to androgens a bilateral gonadectomy was performed, which was inguinal in 6 cases and intra-abdominal in 1 case. In the Turner Syndrome case a laparoscopic extirpation of the streak gonads was performed. In the actual hermaphroditism case a left gonadectomy (vanishing testis) and a right streak gonads were performed, in association with a clitoris – labio plastic surgery and a further urethral – vaginal plastic surgery.

Results: No surgical complication detected. All the patients turned to show aesthetic and functional satisfying results at the follow-up.

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