

(Early onset?) Gender Dysphoria - A Rare Case report

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Abstract: A.R boy aged 16 yrs was brought by brother to NMCH with complains of strong desire to be of other gender, preference for cooking & other household works, preference for wearing female dresses, thoughts of having surgery for gender change. There was no history of epilepsy, psychotic & mood disorders with no history of familial disorders. On further interview gave history of sexual contacts with male gender . No history of substance abuse. On investigation found HBsAg positive & examination of testis, penis & pubic hair revealed no abnormality. A diagnosis of transsexualism was made & psychotherapy was suggested as treatment of choice.

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I. Introduction

Cauldwell in (1949) first introduced the term psychopathia transsexualis [5]. The concept of gender identity is important in the evolution of an individual identity, Gender identity is a subjective awareness of maleness/ femaleness which develops early in life & it is attributed to the bio-psycho-social processes that probably occur across development [1].

Gender Dysphoria describes a feeling of incongruence between the experienced (psychological) gender and the sex assigned at birth [2].

According to European hormonal/ surgical clinics the prevalence of GD is 1 in 11000 Male assigned & 1 in 30,000 female assigned people. DSM -5 shows the prevalence rate of 0.005 - 0.014 for male assigned people. & 0.002 - 0.003 for female assigned people. The overall male to female dysphoria is higher than female to male dysphoria [1]

Gender dysphoria is commonly associated with other comorbid diseases , Depression and anxiety disorders ,self-harm and suicidal ideation/behavior are common.

GD mainly determined between 10-13 yrs. Social environment, the anticipated results of bodily changes and first romantic / sexual experiences determines the desistance or persistence of GD [5].

The common guidelines for treatment are those of The Endocrine Society & the Standard of Care from the World Professional Association for Transgender Health, based on the so-called Dutch Model protocols [6].

The Dutch protocol recommends care for children with GD and their families consists of providing information, psychological support, parental or/and family counseling [5]

- ✓ In adolescents(12yrs /older) medical treatment is recommended.
- ✓ Puberty suppression with gonadotropin - releasing hormone analogs is part of the protocol .
- ✓ Cross-sex hormones for (16 yrs / older)
- ✓ SR surgery for (18yrs/ older)

II. Case Presentations

- ❖ Suresh boy aged 16 yrs visited to NMCH with complain of strong desire to be of other gender, preference for wearing female dresses ,thoughts of having surgery for gender change, Irritability & disturbed sleep. There was no past history of epilepsy, psychotic & mood disorders with no history of familial disorders .On further interview gave history of oral sex 1 time with male gender No history of substance abuse.
- On investigation CBC , LFT , RFT, Serum electrolyte , RPS were normal
- On viral screening : HBsAg positive
- Serum testosterone : 290ng/dl (280 - 1100ng/dl)
- Examination of testis, penis, & pubic hair revealed no abnormality.
- During MSE preoccupied idea of having gender change surgery & idea of guilt illicit with mood being sad (HDRS 14)

- ❖ A diagnosis of transexualism was made & psychotherapy was suggested as treatment of choice. Despite of 3 session for family & 3 sessions for patient he continued to show sign of distress, irritability & feeling of sadness. So after 1 week of stay Olanzapine 5mg along with fluoxetine 20 mg added to relieve the ruminated thoughts & distress related to it.

III. Discussion

- ❖ In this case report, we find a disturbance of gender identity, gender role, erotic orientation & cross dressing in early years. The diagnosis of transexualism in this case is essentially based on inner experience of cross gender identity.
- ❖ The boy erotic attachment to his male playmates is an expression of his disturbed erotic orientation but this has to be distinguished from a homosexual's preference for a sex partner having same genitals .
- ❖ The boy was taunted as effeminate by his peers indicates disturbance of gender role.
- ❖ Cross dressing in this case lasted for only 1st year of life because he like to see himself in female attire and cannot, therefore , be confused with transvestism . At age of 16 yrs the confusion and incoungruence for gender was enough to create turbulence in patient's life & decide the course & outcome of Gender dysphoria. This stage body undergoes all biological & hormonal changes so we ruled out any anatomical abnormality & checked male hormones level that were normal .
- ❖ Patient was asked to stay in 15 days of IP care with concurrent 7 sessions of psychotherapy & pharmacotherapy , patient showed sign of relief from recurrent ideas for gender reassignment surgery, irritability , sad mood & sleep disturbances. After 1 week of follow up , patient denies any thought for GR surgery & admire his assigned sex as a boy, admit reliefs from distress ,mood disturbances & sleep impairment

IV. Conclusions

- ❖ Studies shows more than half of those diagnosed as GD later identify with their birth assigned gender once they reach childhood.
- ❖ Recommends medical treatment if GD intensifies in puberty, while the care for children with GD and their families consists of providing information, psychological support, parental or/and family counseling.
- ❖ Puberty suppression not indicated in minors because of severe psychiatric comorbidity, considerable instability of psychosocial support or onset of GD later during puberty and diagnostic uncertainty.
- ❖ For associated anxiety , depression & irritability use of small dose of SGA & Antidepressants proved effective.

(Early recognition and effective management of GD reduces family burden and protect the patient from any substance Abuse)

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