

# Ambiguous genitalia

BG Lindeque

# 1. Gender assignment

- ALL persons in the WORLD have a gender ASSIGNED to them
- It is an urgent process
- If all looks within expected patterns, usually no problem
- If ambiguous: not an instantaneous or immediate action or decision, but still urgent:  
Not a decision to be taken alone

## 2. In a newborn

- First: Ensure the newborn is HEALTHY = basic diagnosis to be excluded is CAH especially salt losing
- Second: Do not make pronouncements or jargon rich statements: Rather: that formation of genitalia is still incomplete
- Third: PLEASE don't do operations

### 3. Basic theoretical schema: role of karyotyping

- A female with towards-male looking phallus: Female pseudohermaphrodite: has ovaries but masculinised phallus
- A male with testes but external genitalia less-masculine: Male pseudohermaphrodite
- Gonadal intersex: “true hermaphrodite” must have ovotestis: lot of variation in external genitalia

## 4. Reproductive potential

- A female with any forms of masculinisation will have normal or almost normal female internal genitalia and can usually reproduce
- A male with any form of feminisation may have insufficient male genital performance for reproduction

## 5. Principles of repair

- Will phallus become sufficient for male sexual function? Huge decision to declare “male”
- Most repairs go towards female outcome
- Surgery can be performed a bit later but the decision on what surgery to be done is made early by managing multidisciplinary team.  
**Gender specific rearing patterns and practice should be started within a week or weeks**

# 6 Communication matters

- Sympathetic clear repetitive supportive non-dogmatic non-jargonised explanatory
- Lots of modern thoughts about the opinion of the child. Difficult concept as external influences are massive. This becomes an issue with the older child
- Team should include discipline specialists, social worker and psychologist
  - Thank you