Dermatology for the Transgender Individual
U078 – LGBT Health: Providing Culturally Competent Care to Patients who are Sexual and Gender Minorities
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Disclosure: Given the paucity of medical literature on the topic, some recommendations are based on personal and anecdotal experience, rather than peer-reviewed studies.

Dermatologic Effects of Hormones

- **Hormones for Feminization:** Estradiol (+/- spironolactone or finasteride/dutasteride)
  - Decreased sebum production → xerosis and asteatotic eczema
  - Decreased facial and body hair
    - Facial hair reduction is often incomplete
    - Hair reduction procedures are the #1 facial procedures done by trans women
    - Hair reduction options: lasers, electrolysis, topical eflorenthine

- **Hormones for Masculinization:** Testosterone
  - Increased sebum production → severe acne vulgaris
    - iPledge currently requires categorization based on sex assigned at birth
    - Potential barrier to care
    - Trans men on testosterone CAN still get pregnant if they have not had a hysterectomy
  - Increased facial and body hair
  - Male-pattern hair loss
    - Consider delaying treatment with finasteride until all desired secondary sexual characteristics have developed (body mass distribution, hair, voice, etc.)

Dermatologic Implications of Gender Confirmation Surgery

- **Top Surgery:** Chest augmentation in trans women, and mastectomy in trans men
  - Mastectomy may leave stigmatizing scar → opportunity for scar reduction procedures (lasers, light sources, and injectables)
  - Binding: the process of wrapping one's chest to compress the breasts prior to and/or instead of obtaining top surgery
    - May lead to skin breakdown, acne, miliaria, fungal infections, and contact dermatitis
    - Safer binding apparel can be purchased online

- **Bottom Surgery:** The creation of neogenitalia
  - The lowest priority for most transgender individuals
  - Male options
    - Phalloplasty: creation of a full-sized penis from arm, leg, or abdominal donor tissue
    - Metoidioplasty: detachment and bulking of testosterone-induced enlarged clitorus
    - Regardless of option, vagina is maintained
    - Hysterectomy is optional
  - Female option: vaginoplasty
    - Penile skin typically is used as the new vaginal lining
      - Need for pre-operative hair removal
    - Neovaginal condyloma and carcinomas have been reported

Cosmetic Dermatology for the Transitioning Patient

- Differences in male vs. female face
• Males: more frontal bossing, flatter eyebrows, narrower eyes, eyelids slightly closed, longer/wider nose, thinner lips, squared jaw angle, wider chin

• Surgical options are terrific but not every is a candidate or wants this procedure

• Use of neurotoxin and fillers to create feminizing or masculinizing effects
  o Neurotoxin: shape forehead, eyebrows, crows, and jaw (masseter)
  o Fillers: shape cheeks, chin, and lips

• Illicit filler use
  o Rates: 20-50% in the USA
  o Substances: non-medical grade silicone, glues, oils, etc.
  o Complications
    ▪ Small-volume facial injections: granulomas, angioedema, infection
    ▪ Large-volume body contouring: lymphedema, vascular compromise, infection, multi-system organ failure and death

Other methods to improve cultural competence
• Staff training about proper use of gender identifiers and pronouns
• Trans-inclusive restroom policy: either a unisex restroom or allow trans patients to use the restroom that aligns with their gender identity.
• Do no make assumptions, including about sexual orientation, sexual behavior, and desires to undergo hormones and surgical interventions.