Dermatologic Care for the Transgender Patient

S0123 – Women’s Health Therapeutic Hotline
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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.

Important Terminology
- Gender Identity: one’s internal sense of self
  - It has nothing to do with clothing, hormones, surgery, or other aspects of transitioning
  - Example: A transgender woman is any individual who identifies themselves as a woman (including those assigned the sex male at birth)
- Gender nonconforming: any individual who identifies outside of the male/female binary
  - Example identities: genderqueer, nonbinary, agender, pangender
  - May use alternative pronouns (i.e. They/Them, Ze/Zr)
    - OK to ask, “What is your preferred pronoun?”
- Transgender: gender identity does not align with sex assigned at birth
- Cisgender: the opposite of transgender (gender identity aligns with sex assigned at birth)
- Transsexual: a historical term, only used in past medical literature, typically referral to transgender individuals who have undergone hormonal or surgical intervention
- Cross dresser: an individual who dresses like the opposite gender but does not identify with that gender
  - Example: Drag queen and drag kings
- Transvestite: a pejorative term that should NEVER be used

Documentation
- Intake form
  - Ask for both legal and preferred name
  - Allow for written-in gender
  - OK to note that if either their identified name and/or gender is different than their legal name/gender, they should inform you of that as well for legal/billing purposes

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 efolfithine
- 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
      - Consider using an anoscope for those who perform internal exams

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
  - Neurotoxin: shape forehead, eyebrows, crows, and jaw (masseter)
  - Fillers: shape cheeks, chin, and lips
- Illicit filler use
  - Rates: 20-50% in the USA
  - Substances: non-medical grade silicone, glues, oils, etc.
  - 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 not make assumptions, including about sexual orientation, sexual behavior, and desires to undergo hormones and surgical interventions.