**Dermatologic Care for the Transgender Patient**
Presenter: Brian Ginsberg, MD, FAAD
Contact: brian.ginsberg.md@gmail.com

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 it
  - Example: Drag queen and drag kings
- **Transvestite:** a pejorative term that should NEVER be used
- **Sexual orientation (gay/straight/bi):** determined by attraction to others
- **Sexual behavior (MSM/MSW/WSM/WSW/etc):** determined by behavior alone

**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
- **Legal forms:** use legal name/gender, often found on ID & insurance cards
- **Notes and conversation with and about patient:** preferred name/pronoun/gender

**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 eflornithine
- **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
    - Risk for acne increases with BMI, especially if a smoker
    - Consider LFT monitoring for tetracyclines and isotretinoin
  - 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.)
  - Current treatment options: finasteride 1mg, minoxidil 5% foam
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 cause skin breakdown, acne, miliaria, fungal infections, & contact derm
    - 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
    - Neovaginal condyloma and carcinomas have been reported
    - Consider using an anoscope for those who perform internal exams
  - Need for pre-operative hair removal
    - Nidus of infection and urinary retention
    - Often non-covered by health insurance, but can often use flex spending or submit with ICD-10 for gender dysphoria
    - Wait 3 months after last planned hair removal treatment before surgery

Other Medical Dermatology

- Report of LSetA in a transgender woman
- Report of Allergic Contact Derm post-operatively in a transgender woman
- Increased rates of HIV and STI’s in transgender individuals

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.
- Understand that transgender individuals may not fully understand the dermatologic implications of the hormones and procedures that are part of their transitioning.
Citations