

FEMINIZING GENITOPLASTY FROM THE VIEWPOINT OF MOTHERS OF FEMALE CHILDREN WITH CONGENITAL ADRENAL HYPERPLASIA IN A NONWESTERN SOCIETY

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Aim: There is no consensus regarding timing of feminizing genital reconstructive surgery, and outcomes are controversial. Deferring surgeries beyond childhood is a growing trend in Western societies, but difficult to implement elsewhere due to social stigmatization and parental anxiety. We present a different perspective through the input of the mothers of children we operated upon, and our postoperative outcomes.

Methods: Thirty girls with genital virilization were admitted for single-stage feminizing genitoplasty, using partial urogenital mobilisation, between 2011 and 2014. We prospectively studied the concerns and input of the mothers, who completed a questionnaire. Postoperative outcomes were assessed by diameter of the vagina (ideally ≥ 1 cm), introitus depth (ideally ≤ 1 cm), residual clitoral and labial inaccuracies, and urinary outcome.

Results: The mean age at surgery was 22 months. Timing of surgery was seen suitable by 70% of the mothers, but 30% required earlier surgery. The overall mothers' assessment of the cosmetic outcomes of surgery was 4 out of 5. All of them (100%) maintained the belief that early surgery was preferable, that their girls would have had significant psychosocial disturbance without surgery, and that they would agreeably consent to a second surgery if found needed in the future. They showed more concern for the functional outcome of future marriage and birth-giving (83%) than cosmetic outcome and overall appearance (73%). The mean surgical follow-up period was 39 months, 3 cases (10%, Prader III, IV and V) had narrowing of the vaginal introitus which needed further dilatation, two cases had residual clitoromegaly, which was managed conservatively by further hormonal adjustment, and none had longstanding urinary problems.

Conclusions: The social canvas affects the management plan within different societies. Early genital reconstructive surgery needs to remain a viable option in this context, when reasonably indicated and safely performed.