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Women's genitalia on steroids

ESPE Abstracts (2016) 86 RFC7.2 Background: Prenatal androgen exposure can lead to variable virilization of external female genitalia. The lack of a consensus definition of clitoromegaly and the limited data available at normal steroid levels in female newborns makes its diagnosis difficult. Purposes and hypotheses: The purpose of this study was (i) to define reference sizes for external female genitalia in term and premature newborns as a function of gestational age and birth weight; and (ii) determine reference values for steroid hormones in female neonatal serum. Method: We measured the clitoris (length, width) and the anogenital ratio of three days old female newborns born at a gestational age of 24 to 42 weeks. For newborns born after 35 gestational weeks the concentrations of nine steroids were analyzed by LC/MSMS, the most important are testosterone (Testo), delta4 androstenedione (Delta4), 17-hydroxyprogesterone (17OHP), dihydroepiandrostenedione (DHEA), and dihydropyrogesterone (DHT). Results: For the 452 female newborns aged 452 years, the average clitoris length is 3.6 mm (P95=6 mm), the average clitoral width is 4 mm (P95=7 mm), and the average anogenital ratio is 0.45 (P95=0.58). Premature newborns are still being included. The normal nmol/l values for the main steroids are as follows: Table 1. N=452 TestoDHTDelta417OHPDHEAMean±0.1250.0630.7420.9567.157P25-P95±0.1250.056-0.1540.251-1.5220.226-2.2991.059-22.2 Conclusion: These results suggest (i) a definition of clitoridomegaly in full term newborns as clitoris longer than 6 mm; (ii) an anogenital ratio above 0.6 is an indicator of possible in utero virilization. A set of reliable LC/MSMS-based reference values for steroid concentrations in female newborns is proposed. Page 2 Barcelona, Spain 01 Oct 2015 - 03 Oct 2015 Page 3 Paris, France 10 Sep 2016 - 12 Sep 2016 Page 4 ESPE 2018 57th European Society for Paediatric Endocrinology Annual Meeting 27-29 September 2018 Athens, Greece Page 5 The theme of this year's meeting is Black and Variation in Pediatric Endocrinology. Join us in Vienna to explore the diversity we encounter in our discipline and the care we have to exercise when using the term normality. While getting an update on the latest treatments, clinical best practices and groundbreaking research in pediatric endocrinology. Page 6 The theme of this year's meeting is Variation and variation in paediatric endocrinology. Join us in Vienna to explore the diversity we encounter in our discipline and the care we have to exercise when using the term normality. While getting an update on the latest treatments, clinical best practices and groundbreaking research in pediatric endocrinology. Pseudo-phallus redirects here. For penis-like in female non-human animals, see Pseudo-penis. For the pipefish genus, see ClitoromegalyA woman with clitoris is a woman with clitoris, which is mostly innate or acquired, but deliberately induced the clitoris extension as a form of female genital modification achieved through various uses of anabolic steroids, including testosterone, and can also be referred to as a ditoris. [2] [3] [4] [5] Clitoromegaly is not the same as normal enlargement of the clitoris seen during sexual arousal. Presentation The different quality of genital ambiguity is commonly measured by the Prader classification.[6] which in ascending order of masculinization ranges from 1: female external genitalia with clitoromegaly to 5: pseudo-phallos resemble normal male external genitalia. [7] Causes Clitoromegaly is a rare condition and may be either present at birth or acquired later in life. If present at birth, congenital adrenal hyperplasia may be one of the causes, since in this state the adrenal glands of the female fetus produce additional androgens and the newborn baby has ambiguous genitalia which are not clearly male or female. In pregnant women who received norethisterone during pregnancy, masculinization of the fetus occurs, resulting in hypertrophy of the clitoris; [8] However, this is rarely seen today due to the use of safer progestogens. It can also be caused by autosomal recessive congenital disorder known as Fraser syndrome. [9] In acquired clitoriegali, the main cause is endocrine hormonal imbalance that affects the adult woman, including polycystic ovarian syndrome (PCOS)[10] and hyperthecosis. Acquired clitoral ish may also be caused by pathologies affecting the ovaries and other endocrine glands. These pathologies can include virulent (such as arrhenoblastoma) and neurofibromatotic tumors. [11] Another cause is clitoral cysts. [12] Sometimes there can be no obvious clinical or hormonal reason. [2] Female bodybuilders and athletes who use androgens, primarily to increase muscular growth, strength and appearance (see Use of performance enhancing drugs in sports), may also experience clearly obvious expansion of the clitoris and increases in libido. [13] [14] For transgender men taking testosterone as part of transgender hormone therapy (female-to-male) masculinization of the clitoris may be a desired effect. Women who use testosterone for therapeutic reasons (treatment of low libido, warding off osteoporosis, as part of an anti-depressant regimen, etc.) experience some expansion of the clitoris, although doses justified for these conditions are much lower. Pseudoclitoromegaly or pseudohypertrophy of the clitoris has been reported in small girls due to masturbation: manipulations of the skin of prepuce lead to repeated mechanical trauma, which extends prepuce and labia minora, thus mimicking true clitoris [2] Anatomy Anatomy Atlas of Human Sex Anatomy (1949)[15] by Robert Latou Dickinson, the typical clitoris is defined as having a transverse width of 3 to 4 mm (0.12 - 0.16 inches) and a width of along 4 to 5 mm (0.16 - 0.20 inches). On the other hand, in obstetrics and gynecology medical literature, a frequent definition of clitoral is when there is a clitoral index (product of length and across widths) of more than 35 mm2 (0.05 inches2), which is almost twice as large as stated above for an average size clitoris cap. [16] Human rights pertaining to early surgical reduction of clitoromegaly via whole or partial clitoridectomy is controversial, and intersex women subjected to such treatment have spoken of their loss of physical sensation, and loss of autonomy. [17] [18] In recent years, human rights institutions have criticised early surgical management of such characteristics. [19] [20] [21] In 2013, it was revealed in a medical journal that four unnamed elite female athletes from developing countries were exposed to gonadectomies and partial clitoridectomies after testosterone tests showed they had an intersex state. [22] [23] In April 2016, the UN Special Rapporteur on Health, Dainius Pūras, condemned this treatment as a form of Female Genital Mutilation in the absence of symptoms or health problems justifying these procedures. [24] See also Pseudo-penis, an enlarged clitoris or other penis-like structure that is usually present in some mammal, bird and insect species References ^ Dorland Medical Dictionary. Filed from the original on 2006-10-22. Retrieved 2006-10-18. ^ 1.0 1.1 Copcu E, Aktas A, Sivrioglu Nielsen, Copcu O, Oztan Y (2004). Idiopathically isolated clitoris kiev: A report of two cases. reproductive health. 1 (1): 4. doi:10.1186/1742-4755-1-4. PMC 523860. PMID 15461813. ^ Senaylı A (December 2011). Controversy over clitoroplasty. Therapeutic advances in urology. 3 (6): 273-7. doi:10.1177/1756287211428165. PMC 3229251. PMID 22164197. ^ Perovic SV, Djordjevic ML (December 2003). Metoidioplasty: a variant of phalloplasty in transgender women. BJU International. 92 (9): 981-5. doi:10.1111/j.1464-410X.2003.04524.x. PMID 14632860. ^ Meyer WJ, Webb A, Stuart CA, Finkelstein JW, Lawrence B, Walker PA (April 1986). Physical and hormonal evaluation of transgender patients: a longitudinal study. 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