

Dermatologic Care for Sexual and Gender Minorities

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Disclosures

- No relevant commercial relationships to disclose
- Generic and brand names will be used as appropriate
- *Off label content identified on slides
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Objectives

- Define language, terminology, and barriers to care associated with SGM individuals in specialty settings.
- Identify common skin infections, inflammatory conditions, and wound care for SGM dermatologic patients.
- Review best practices, diagnosis, treatment, and preventative care for SGM dermatologic patients.
- Discuss resources, current research, and advocacy initiatives related to SGM dermatologic care.



AAPA CME

- Caring for Gender Diverse Patients in Your Practice
- Prescribing HIV Prevention: Preexposure Prophylaxis (PrEP)
- Update on Sexual Transmitted Infections: Advanced and Interesting Cases
- HPV: Here, There, and Everywhere
- Getting to the Bottom of Anorectal Pathology
- Caring for Lesbian, Bisexual, and Queer (LBQ) Womxn
- Dermatologic Care for Sexual and Gender Minorities





- Education
 - MHS, PA-C
 - Quinnipiac 2015
 - BA, Chemistry, Binghamton University
- Work
 - CHLA Plastics
 - HRA LA LGBT Center
- Play
 - Dog obsessed
 - Cycling
 - Travel
 - Schitt's Creek



ABOUT ME



- Physician Assistant in Los Angeles.
- Plastic and Reconstructive Surgery – Gender Affirming Surgery Team
- Current Diversity and Inclusion chair for AASPA
- Over 6 years experience with gender and sexual minority patients.
- Mom of two



Role of the Dermatologist

INTRODUCTION

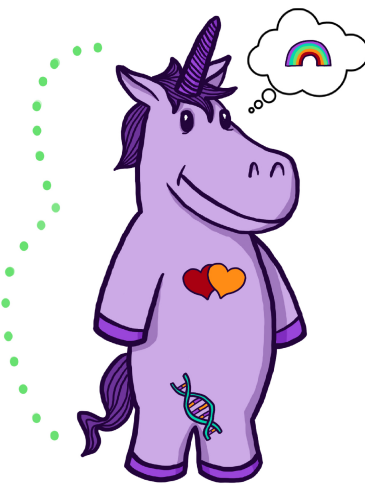
This presentation aims to highlight aspects in surgical transition for gender diverse patients that may benefit from medical and procedural dermatology interventions.



Language and Terminology

The Gender Unicorn

Graphic by: **TSER**
Trans Student Educational Resources



Gender Identity

- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression

- Feminine
- Masculine
- Other

Sex Assigned at Birth

- Female
- Male
- Other/Intersex

Physically Attracted to

- Women
- Men
- Other Gender(s)

Emotionally Attracted to

- Women
- Men
- Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

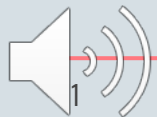
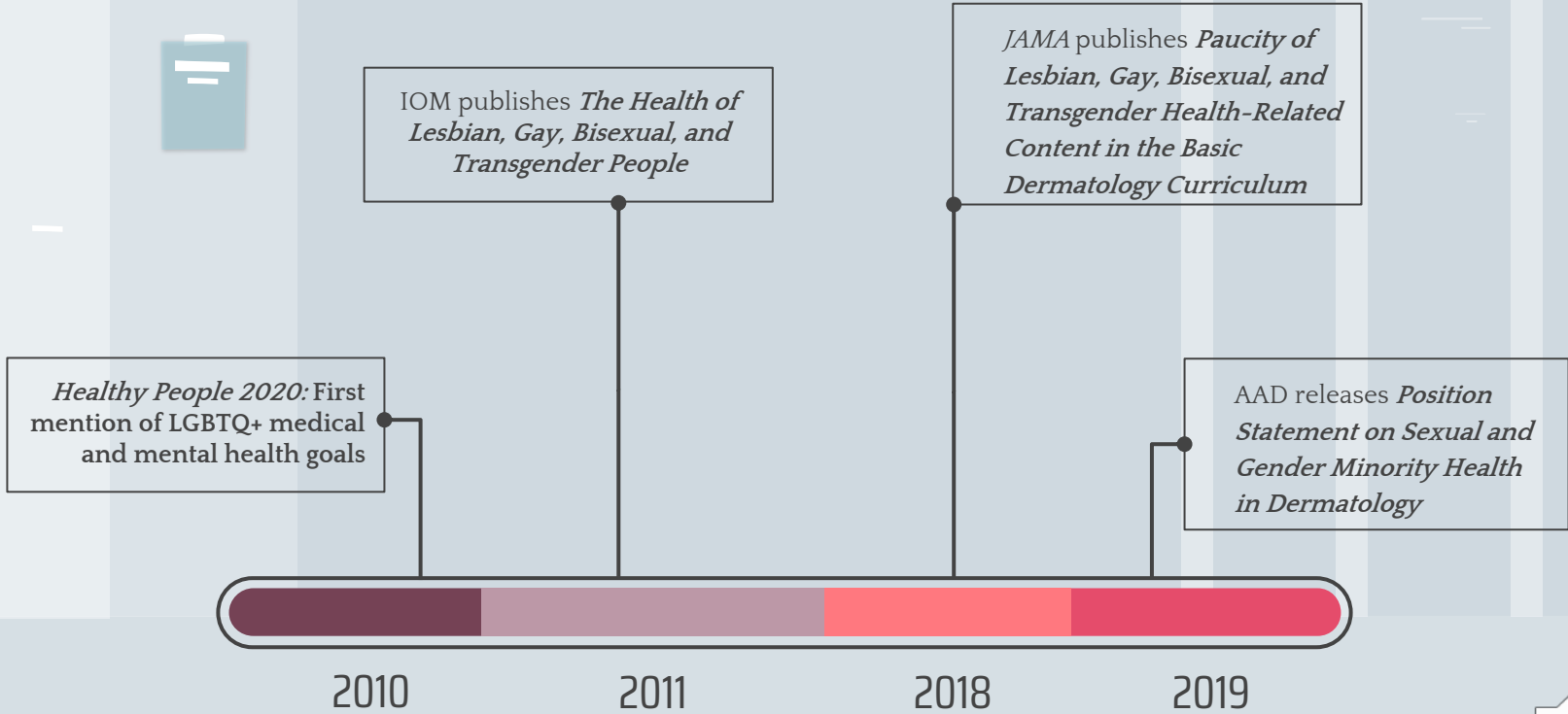


The Label May Not Equal the Practice

- Sexual practice: who one is intimate with
- Do not assume parameters of sexual behaviors based on knowledge of relationship status and identity

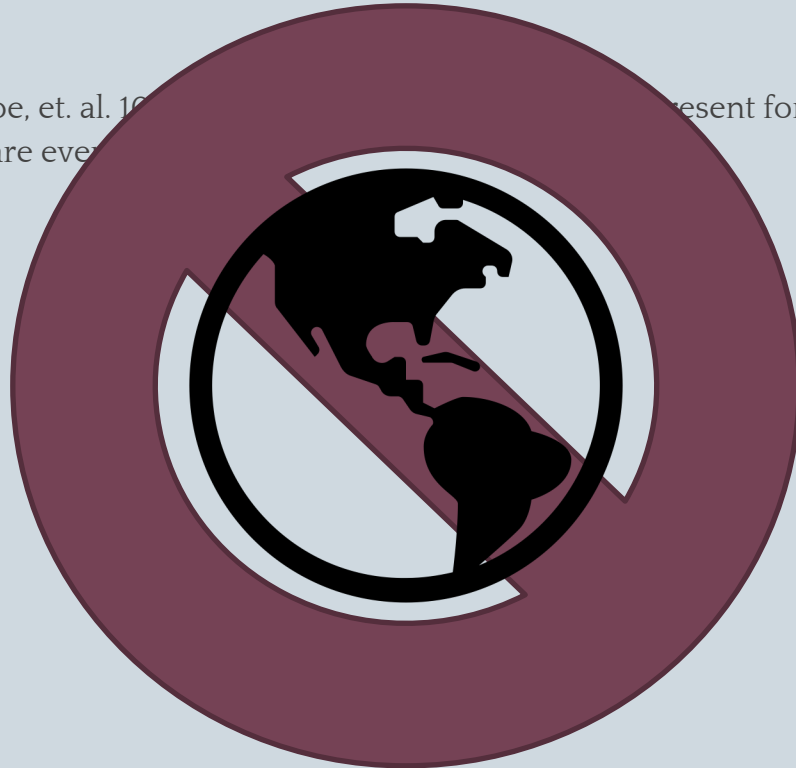


HISTORY



Epidemiology of Dermatologic Conditions in SGMs

- According to Doe, et. al. 1998, 15% of SGMs present for dermatologic care every year.



Let's Nip This...

SGM Dermatologic Conditions



Genital Dermatology



STIs only

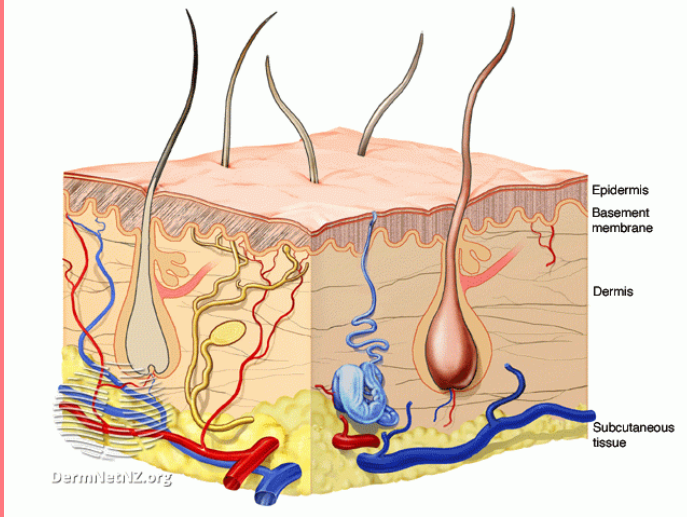


Question 1

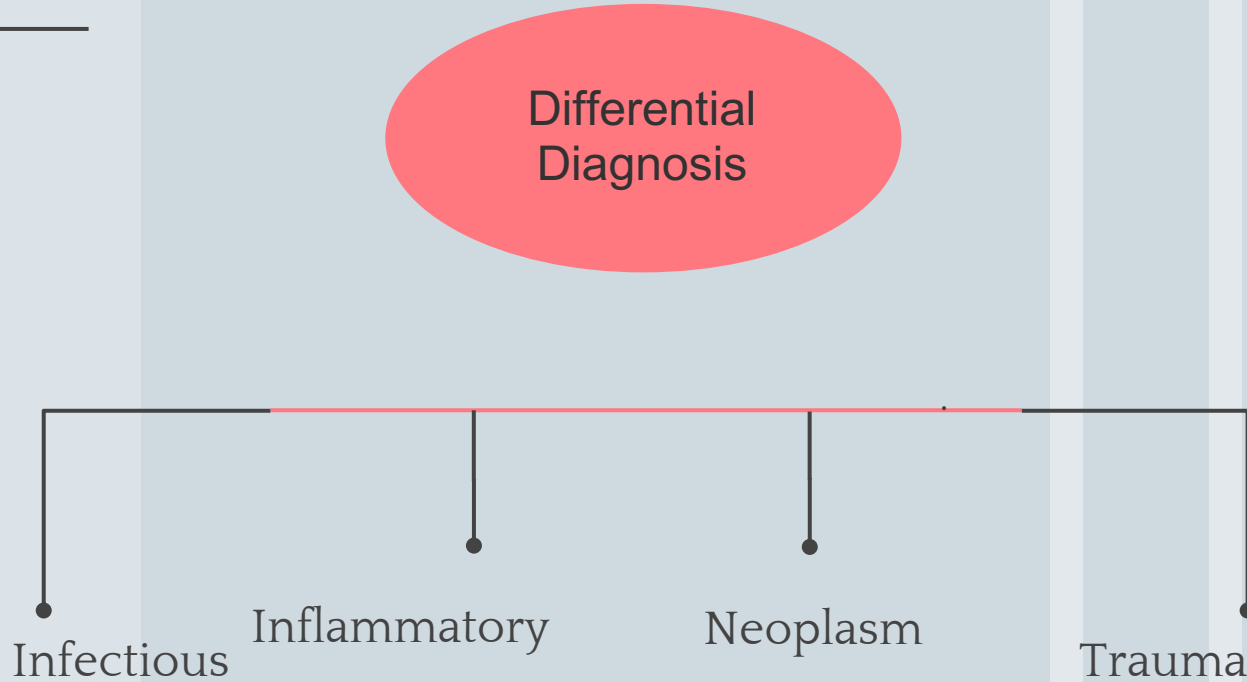
- The epidermis is composed of which of the following tissue?
 - A. Adipose connective tissue
 - B. Dense irregular connective tissue
 - C. Keratinized stratified squamous epithelium
 - D. Stratified columnar epithelium



INTRODUCTION



Differential diagnosis



Question 2

- Karla (she/her) AMAB started estrogen three months ago for gender affirming care. Which of the following statements is true about the effects of estrogen?
 - A. Decreases chest growth
 - B. Increases oil production
 - C. Increases muscle mass
 - D. Inhibits vaginal atrophy



Skin and Hormones: Feminizing

Effect	Onset (months)	Maximum (months)
Redistribution of fat	3-6	24-36
Decreased muscle mass	3-6	12-24
Softening of skin/decreased oil production	3-6	Unknown
Chest growth	3-6	24-36
Decreased testicular volume	3-6	24-36
Decreased terminal hair growth	6-12	>36*
Scalp hair	Variable	**

- = Complete removal requires electrolysis and/or laser treatment.
- ** = Familial scalp hair loss may occur if estrogen are stopped.

Reproduced from Olsen-Kennedy J, Forcier M. Management of transgender and gender-diverse children and adolescents. UptoDate.com Dec 2020.



Skin and Hormones: Masculinizing

Effect	Onset (months)	Maximum (months)
Redistribution of fat	1-6	24-60
Increased muscle mass	6-12	12-60
Skin oiliness/acne	1-6	12-24
Clitoral enlargement	1-6	12-24
Vaginal atrophy	1-6	12-24
Facial/body hair growth	6-12	48-60
Scalp hair loss	6-12	*

* = Prevention unknown

Reproduced from Olsen-Kennedy J, Forcier M. Management of transgender and gender-diverse children and adolescents. UptoDate.com Dec 2020.



Case

Ayden (he/him) is 25-year-old transgender gentleman presenting to clinic for cystic acne on his chest and back. He started testosterone 3 months ago.



Question 3

- All of the following may contribute to the pathophysiology of *Acne vulgaris* except
 - A. Androgen-mediated stimulation of sebaceous glands
 - B. *C. acnes* bacteria
 - C. Decreased sebum production
 - D. Innate and cellular immune response



Acne secondary to testosterone

- Pathogenesis: androgens stimulate sebum production
- Dosing, route of administration
 - >630 ng/dl may increase severe acne
 - Injectable T \rightarrow drastic peaks
- Diagnosis: open/closed comedones, cystic
- Treatment
 - Mild-moderate: topical +/- oral antibiotics
 - Severe: topical plus oral antibiotics; isotretinoin



Isotretinoin, iPledge and Gender Variance

- Patient barriers
 - Assigned sex at birth vs. gender identity
 - Reproductive potential
 - Open discussion
- Prescriber barriers
 - Must be registered provider
 - Resources/staff

THE ONLY WAY

Birth Control Verification

** denotes required field*
Please select your contraception methods click the Submit button.

Primary *

Barrier/Primary *

Did your doctor or anyone in your doctor's office tell you that it is important not to become pregnant while taking isotretinoin? *

Yes No

Did you receive the iPLEDGE Program Isotretinoin Educational Kit For Female Patients Who Can Get Pregnant? *

Yes No

If yes, did you read

1. The iPLEDGE Program Guide To Isotretinoin For Female Patients Who Can Get Pregnant? *

Yes No

2. The iPLEDGE Program Birth Control Workbook? *

Yes No

Did you watch the video, "Be Prepared, Be Protected" about birth control? *

Yes No

Did you watch the video, "Be Aware: The Risk of Pregnancy While on Isotretinoin" about the effects of isotretinoin? *

Yes No

Did your doctor or anyone in your doctor's office offer to refer you to another health care provider for birth control counseling? *

Yes No

From whom did you receive birth control counseling? *

My doctor
 Another health care provider

<http://femaleofchildbearingpotential.weebly.com/blog/ipledge-quiz>



Case

Geneva is a 45-year-old transgender woman presenting for hyperpigmentation on her forehead and around her mouth. She noticed this after switching her estrogen from a patch to oral. The discoloration is triggering her gender dysphoria because she feels like she has a mustache.



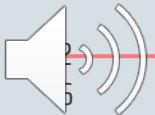
Melasma

- Etiology: increased melanocytes
- Risk factors
 - Sun exposure
 - Change in hormones: medications
 - Products
 - Darker skin tones
- Treatment
 - Sun protection: sunscreen, hat
 - Triple cream: hydroquinone, tretinoin, topical steroid
 - Check hormone levels, adjust dosage
 - Chemical peels, laser therapy, light treatment



Case

Bradley is a 38-year-old nonbinary individual AFAB presenting for hair loss. A recent selfie showed thinning at the top of their head. They are concerned about going bald. Bradley has been on testosterone for 20 years. Their family has a history of hair loss. Bradley does not want to change their testosterone dosage for fear of triggering their gender dysphoria.



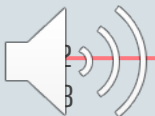
Hair Loss Secondary to Testosterone

- “Androgenetic alopecia”
- Clinical presentation
 - Thick, terminal hairs replaced with thin vellus hairs
 - Temples, vertex of scalp
 - “Hippocratic wreath”
- Treatment
 - Topical minoxidil
 - Testosterone dosage
 - Surgery
 - PRP



Case

Kai is a 15-year-old individual who began living in his preferred gender 3 months ago. Kai started chest binding with masking tape per the internet.



What is Chest Binding?

- **Binding** involves the use of tight-fitting sports bras, shirts, ace bandages, or a specially made *binder* to provide a flat chest contour. In some people with larger breasts, multiple garments may be used, and breathing may be restricted. Prolonged binding may result in breast pain, local skin irritation, or fungal infections.



Differential diagnosis

- Description: erythematous plaques with a fine scale, +/-blistering, swelling, maceration
- Differential diagnosis
 - Intertrigo/irritant dermatitis
 - Allergic
 - Secondary *S. aureus*, *Candida*, *Tinea corporis*
 - Psoriasis
- Treatment
 - +/- treat infection
 - Avoid irritant/allergy
 - Topical steroids, oral steroids, anti-histamines



Counseling

- Commercial binders, multiple sports bras, elastic bandages
- 75% of individuals have skin concerns secondary to binding
- Negative outcomes correlated with frequency and duration of binding
- Counseling
 - Balance dysphoria with binding



Case

Brie is a 19-year-old individual who began living in her preferred gender 3 months ago. Brie started tucking and noticed irritation on her skin. She tried to treat it at home but it's only getting worse.

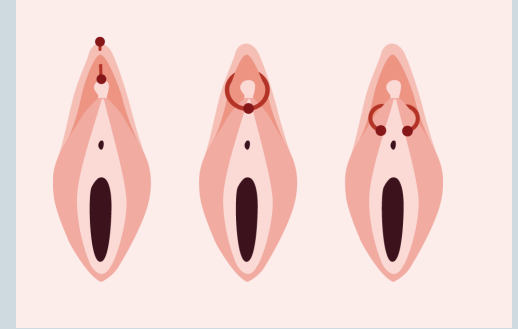


What is Tucking?

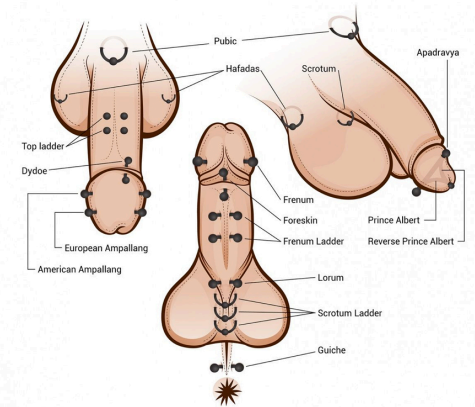
- **Tucking** allows a visibly smooth crotch contour. In this practice, the testicles (if present) are moved into the inguinal canal and the penis and scrotum are moved posteriorly in the perineal region. Tight fitting underwear, or a special undergarment known as a *gaffe* is then worn to maintain this alignment. In some cases, adhesive or even duct tape may be used. In addition to local skin effects, this practice could result in urinary trauma or infections, as well as testicular complaints,
- Counseling
 - Medical tape preferred
 - Hair removal
 - Allergy history
 - Avoid moisture
 - Keep clean and dry



Tattoos and Body Piercings



16 WAYS TO PIERCE YOUR PENIS



Shannon-Massal, L. (2016, February 10).

Broussard, Harden (2017)

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Tattoos

Secondary skin conditions include:

- Allergic contact dermatitis
- Irritant contact dermatitis
- Keloids/hypertrophic scars
- Infection: *S. aureus*, *P. aeruginosa*
- Granuloma
- Psoriasis
- Trauma, physical deformity
- Skin cancer?



Piercings

- Techniques
- Location
 - Prince Albert
 - Nipple piercings
 - Ears, nose, lip, eyebrow, etc.
- Counseling
 - Healing/care
 - Jewelry



Contact dermatitis

- “Chemicals, physical, environmental agents that damage the surface of the skin faster than the skin can repair the damage”
- Description: erythematous plaques with a fine scale, blistering, swelling, maceration
- Differential diagnosis
 - Intertrigo
 - Allergic
 - Secondary *S. aureus*, *Candida*, *Tinea corporis*
 - Psoriasis
- Treatment
 - Avoid irritant/allergy
 - Topical steroids, oral steroids, anti-histamines
 - +/- treat infection



Lubricants and Condoms

- Silicone oils
- Water-based
- Glycols
- Unrefined coconut oil
- *Use and procurement of additional lubricants for male and female condoms: WHO/UNFPA/FHI360*



Cosmetics

- Fillers and botox
- Laser hair removal
- Electrolysis
- Fraxel, Vbeam
- Facial feminization



SURGICAL OPTIONS

Facial Surgeries

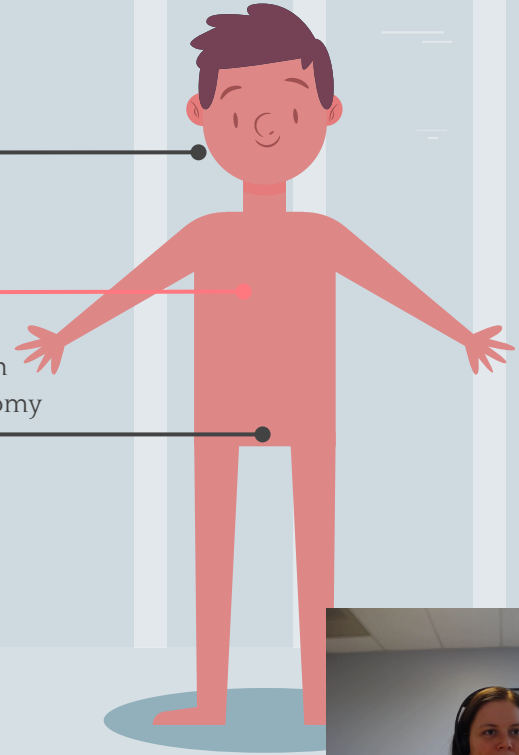
Facial Feminization
Tracheal Shave
Facial Masculinization

Bottom Surgeries

Orchiectomy
Vaginoplasty
Metoidioplasty
Phalloplasty

Top Surgeries

Breast Augmentation
Masculinizing Mastectomy



MEET DEREK

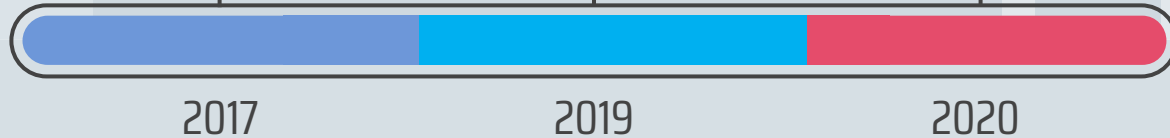


AGE: 35
GENDER: Male, transmale
HORMONES: On T since 2015
SEXUALITY: Straight
CAREER: Science teacher

Derek undergoes top surgery. He develops painful keloid scars bilaterally that trigger dysphoria.

Derek undergoes metoidioplasty with hysterectomy and bilateral oophorectomy without complication.

Derek undergoes phalloplasty, using a full thickness skin graft taken from his right arm. A skin graft is taken from his left thigh to cover his donor site.



POST-OPERATIVE CONCERNS



Although Derek is happy with his top surgery results, his scars are apparent and prevent him from being comfortable shirtless.



He has an increase in overall body hair since starting T. His donor site for phalloplasty will need electrolysis prior to surgery.



After phalloplasty, Derek has a significant scar on his right arm and left thigh.



AREAS OF CONCERN



POSSIBLE INTERVENTIONS

PRESSURE DRESSINGS
SCAR MASSAGE

Early interventions useful in the prevention of hyperkeratotic scars.

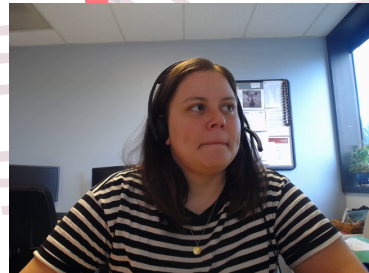
*KENALOG INJECTIONS
SILICONE GEL SHEETS

Typically, initiated 3 months post-op for visible scar reduction.

LASER THERAPY
REVISION SURGERY

Expensive. Reserved for scars not responsive to previous approaches.

*Intralesional triamcinolone



SURGICAL OPTIONS

Facial Surgeries

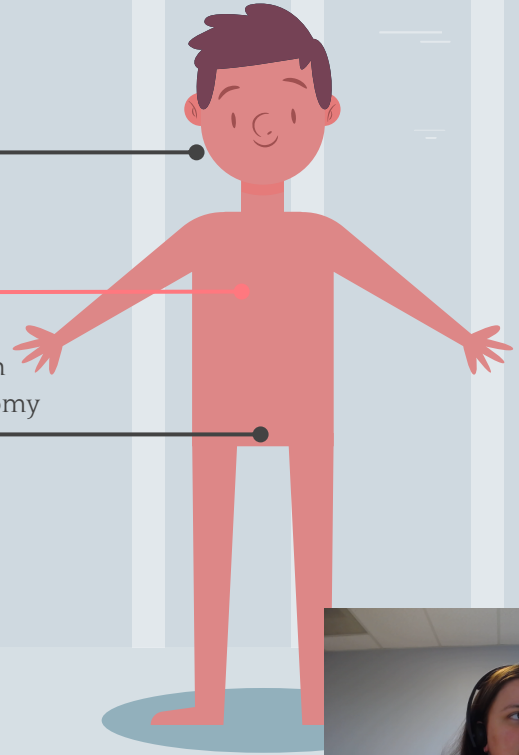
Facial Feminization
Tracheal Shave
Facial Masculinization

Bottom Surgeries

Orchiectomy
Vaginoplasty
Metoidioplasty
Phalloplasty

Top Surgeries

Breast Augmentation
Masculinizing Mastectomy



MEET DIANA

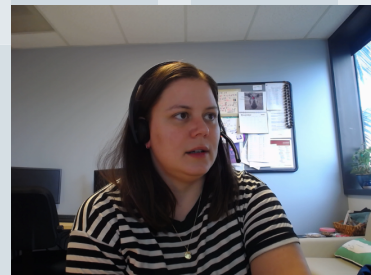
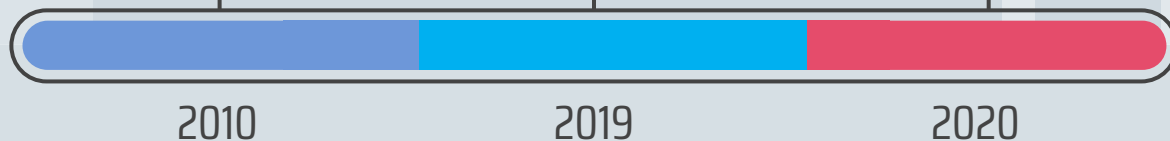


AGE: 50
GENDER: Female, transfemale
HORMONES: E2 and Spironolactone
SEXUALITY: Straight
CAREER: Real Estate Agent

Diana undergoes breast augmentation. Her surgery is successful with limited scarring and sensation remains intact.

Diana undergoes Facial Feminization Surgery with tracheal shave. She experiences significant hair loss post-operatively

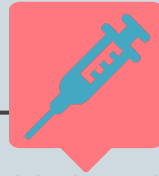
Diana undergoes full depth vaginoplasty. It requires 12 months of genital electrolysis pre-operatively. After surgery, she is happy with her results but has painful granulation tissue within the vaginal canal, and scars on her labia.



POST-OPERATIVE CONCERNS



Diana continues to experience issues with hair regrowth since her facial feminization surgery.



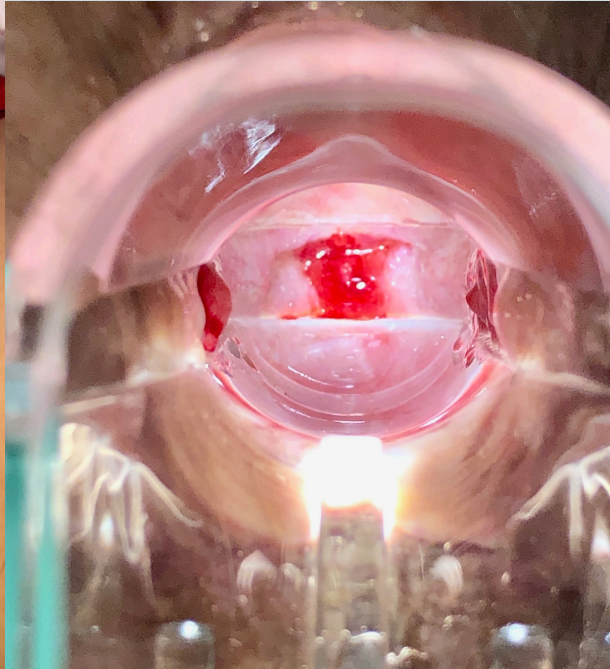
Her labial scars have improved slightly with kenalog injections with her gender surgeon, but she is still having hypopigmentation.



The granulation tissue intravaginally causes significant pain and prevents intercourse.



AREAS OF CONCERN



POSSIBLE INTERVENTIONS

PRESSURE DRESSINGS
SCAR MASSAGE

Early interventions useful in the prevention of hyperkeratotic scars on labial tissue.

*KENALOG INJECTIONS
SILICONE GEL SHEETS

Typically, initiated 3 months post-op for visible scar reduction.

LASER THERAPY
REVISION SURGERY

Expensive. Reserved for scars not responsive to previous approaches.

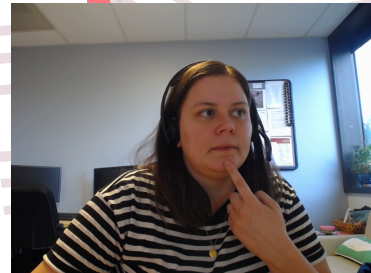
SILVER NITRATE
STEROID CREAMS

Used to reduce and cure area of granulation tissue intravaginally.

REASSURANCE
CLOBETASOL FOAM

Widespread hair loss can be extremely distressing to the patient, which can further exacerbate the problem. Reassuring that regrowth is likely and active listening can go a long way. Clobetasol foam can be helpful in expediting regrowth.

*Intralesional triamcinolone

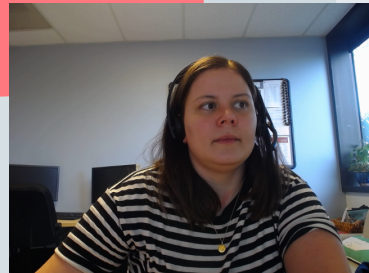


CONCLUSIONS



CONCLUSIONS

Gender-diverse patients can benefit from dermatologic interventions to optimize surgical outcomes. Honoring pronouns and the patient's gender experience are essential to providing good care. Beyond that clinical decision making is based on current standards in post-surgical scar management.



Resources

- Publications and Guidelines
 - UCSF: Center for Excellence for Transgender Health
 - World Professional Association for Transgender Health
 - AAMC Publications: Preparing Future Physicians to Care for LGBT Patients: A Medical School Curriculum: <https://www.mededportal.org/collections/lgbt/>
 - Fenway Clinic: National LGBT Health Education Center
 - The Endocrine Society
 - American Academy of Pediatrics
 - [TransLine](#)



Frances' Binding Recommendations

1. Ideally, wear a commercially made binder with compression fabric that is on the front of the body and a looser fitting fabric across the back (rather than the same tightness of compression all the way around).
2. Always use the sizing guidelines to find your correct size and wear the correct size. Not only will your body experience fewer painful symptoms but the appearance of a flat chest will be improved by the correct size. Yes, you will look *better* in a larger size.
3. Massage and stretch your body after each time that you wear your binder.
4. Practice deep, rib-expanding breathing when your binder is off. It will help you to have better capacity to breathe when you are wearing your binder which will make wearing it more comfortable for longer periods of time.
5. Take days off from binding. It will improve your overall health and is one of the few things that our research says will allow you to bind with less health complications for longer.
6. Hydrate constantly, binding will make your body sweat more than you think. Being dehydrated will make you ache more than you think. It's a no-brainer.
7. Work out or play sports in a less compressive garment than you wear regularly. Sports bras are designed to promote movement better so if you are able to wear a sports bra and a baggy shirt, that is a great option. If not, wear a binder that is a size larger than you need or an older binder that has stretched out.
8. Learn the warning signs of serious problems and don't mess around if you experience them. Get the binder off immediately and get to a medical professional if the symptoms don't go away promptly.
9. Keep your binder clean, bacteria and fungal infections are common when people do not wash their binders.
10. ***These recommendations are the opinions of Frances Reed. Please cite appropriately***

For more information on chest binding, visit [HealthyBinding.com](https://www.healthybinding.com)



Chest Binders Recommendations

- **Off-the-shelf binders**
 - [B Ur Slf](#) (TGNC owned)
 - [Flavnt](#) (TGNC owned)
 - [gc2b](#) (TGNC owned)
 - [New York Toy Collective](#) (queer-collective owned)
- **Off-the-shelf & custom-made binders**
 - [Origami Customs](#) (TGNC owned)
 - [Rebirth Garments](#) (TGNC owned)
 - [Shapeshifters](#) (TGNC owned)
- **Non-garment binding option**
 - [TransTape](#) (TGNC owned)

*TGNC = Transgender and Gender Non-Conforming



Tucking Tips and Tricks

- *CHLAs: Tips and Tricks: Tucking A Resource Guide for Transgender Youth*
- *Pride In Practice*



THANKS

Does anyone have any
questions?

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- [Medical and aesthetic procedural dermatology recommendations for transgender patients undergoing transition \(clinicalkey.com\)](#)
- [Dermatology for Plastic Surgery: Update on Postsurgical Scar Management \(nih.gov\)](#)
- [Dermatologic care of the transgender patient - ScienceDirect](#)

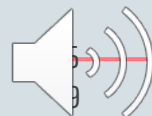


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Dermatologic Care for Sexual and Gender Minorities

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