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Transformative intraoperative care for pediatric ovotesticular DSD

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Description

Ovotesticular Disorders of Sex Development (DSD) represent a complex condition involving the presence of both ovarian and testicular tissue within an individual. This leads to ambiguous genitalia, posing significant challenges in gender assignment and management. In pediatric urology, the intraoperative management of ovotesticular DSD has traditionally involved early gonadectomy and surgical reconstruction to conform to a specific gender. However, an evolving approach emphasizes a more patient-centric model, focusing on gonadal preservation and deferring definitive gender assignment decisions until the affected individual can actively participate in the decision-making process.

This novel approach to intraoperative management encompasses a comprehensive and multidisciplinary strategy, integrating surgical, psychological, and ethical considerations to address the complexities of ovotesticular DSD in pediatric patients. The management journey begins with a thorough evaluation, including a detailed medical history, physical examination, imaging studies, and hormonal assessments. Anesthesia-assisted examination is important for assessing the internal and external genitalia, including the gonads. Gonadal biopsy is performed to determine the histological composition and functionality of the gonads, guiding subsequent decisions regarding gonad preservation or removal.

In cases where viable gonadal tissue is identified, the primary objective is to preserve it while minimizing risks associated with malignancy and ensuring optimal endocrine function. Surgical interventions aim to carefully position the gonadal tissue within the body cavity to reduce the risk of torsion or malignant transformation while allowing future access if necessary. This approach emphasizes close monitoring through regular follow-ups, including hormonal assessments and imaging studies, to detect any signs of functional changes or malignancy.

Simultaneously, any necessary genital reconstruction is performed with the goal of achieving functional and cosmetically acceptable outcomes while minimizing invasive procedures that might limit future options. These procedures, such as clitoroplasty or penile reconstruction, are conducted with careful consideration of preserving sexual function and minimizing scarring to allow for future procedures, if needed. The central tenet of this approach is the active involvement and counseling of the affected individual and their family. An interdisciplinary team comprising pediatric urologists, endocrinologists, geneticists, psychologists, and ethicists collaborates to facilitate comprehensive discussions on various aspects, including the implications of gonadal preservation, potential fertility options, hormone replacement therapy, and psychological aspects related

to gender identity.

Ethical considerations play a pivotal role in decision-making. Discussions with the family involve balancing the risks associated with gonadal preservation, such as the potential for malignancy, against the benefits, including the preservation of fertility and endocrine function. Informed consent, acknowledging the uncertainty of future outcomes, is integral to this patient-centric approach. Psychological support and counseling are essential components throughout the developmental stages to ensure the affected individual and their family comprehend the complexities of the condition, the available options, and the potential implications on gender identity. This ongoing support aids in informed decision-making and acceptance, facilitating a positive and nurturing environment for the affected child.

The approach emphasizes preserving viable gonadal tissue, which can potentially maintain endocrine function and fertility, avoiding the need for lifelong hormone replacement therapy and addressing fertility concerns. By minimizing extensive genital reconstructive surgeries during childhood, this approach reduces the number of interventions, minimizing scarring and potential complications, while allowing for more comprehensive surgeries at a later age if required. Deferring definitive gender assignment decisions until the affected individual can actively participate in the decision-making process allows for greater autonomy and self-determination in gender identity.

Conclusion

In conclusion, the novel intraoperative management approach in ovotesticular DSD in pediatric patients prioritizes gonadal preservation while minimizing invasive genital reconstruction procedures. This patient-centered model emphasizes interdisciplinary collaboration, ethical considerations, ongoing monitoring, and psychological support to enable informed decisions and optimize outcomes for affected individuals and their families.