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Polycystic Ovary Syndrome in FTM Transsexual Persons

The Problem

Polycystic Ovary Syndrome (PCOS) is a medical condition that may affect as many as one-half of FTM transsexual persons. The symptoms of PCOS may include hirsutism (in the absence of androgen treatment), irregular or absent menses, dysmenorrhea (painful menses), obesity, and, rarely, true virilization. Persons with PCOS are at increased risk for endometrial hyperplasia (overgrowth of the lining of the uterus), for endometrial cancer, and for breast cancer.

Advisory

Persons with symptoms of PCOS should consult their physicians concerning possible diagnostic studies. The usual treatment for PCOS is administration of progesterone, with or without estrogen — therapy which some FTM transsexual persons might find undesirable. In some cases, the diagnosis of PCOS might constitute a justification for hysterectomy and salpingo-oophorectomy (surgical removal of the uterus, tubes and ovaries). Patients with PCOS should discuss treatment options and side effects with their physicians.

Discussion

In PCOS, both the ovaries and the adrenal glands produce abnormally high levels of androgens, including testosterone and androstenedione. The exact cause of this over-production of androgens is unknown, but it is dependent upon chronic high level of luteinizing hormone (LH). Some of the excess androgen is converted to estrogen in the body, resulting in high levels of estrogen as well. Since persons with PCOS do not usually ovulate, these high estrogen levels are not opposed by progesterone. The unopposed estrogen effect may cause endometrial hyperplasia, and an increased risk of endometrial cancer, as well as breast cancer, in some individuals. In some cases, PCOS may be an inherited disorder.

The ovaries of persons with PCOS typically contain multiple cysts, and may be enlarged; this is the origin of the syndrome's name, although not its most essential feature. Polycystic ovaries may be detected during routine pelvic examinations, by ultrasound examination, or during abdominal surgery. If sufficiently enlarged, polycystic ovaries may rarely become symptomatic in themselves.

Although many FTM transsexual persons with PCOS may welcome the hirsutism and menstrual changes that can be part of the syndrome, the accompanying chronic high estrogen levels may create problems, particularly as they affect body habitus and the uterus. Persons with symptoms of PCOS should seek medical attention.

Source

Balen, A.H.; Schachter, M.E.; Montgomery, D.; Reid, R.W.; & Jacobs, H.S. (1993). Polycystic ovaries are a common finding in untreated female-to-male transsexuals. *Clinical Endocrinology*, 38(3), 325-329.

This document was formulated after consultation with physician members of the AEGIS Advisory Board

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aegis (e'jis), n. 1. in
Greek mythology, a
shield or breastplate
used by Zeus and later,
by his daughter Athena;
hence, 2. a protection.
3. sponsorship; auspices.