

*A Case Report*

## **Transsexualism – a case report**

\*Mullick MSI<sup>1</sup>, Islam MM<sup>2</sup>, Bhawmik AD<sup>3</sup>, Chowdhury MHR<sup>4</sup>

### **Summary**

*An interesting case of transsexualism was hospitalized at Psychiatry department, Bangabandhu Sheikh Mujib Medical University, Dhaka. Transsexualism is characterized by the feeling of one's gender being different from one's biological sex. They have an overpowering wish to live as a member of the gender group opposite to their anatomical sex and seek to alter their bodily appearance and genitalia. A boy of 19 years wanted to change his sex. He felt discomfort with his present assign sex. He used to follow the dance, dresses and attitude of the girls. When his moustache, beard and other male characteristics developed, he felt severe discomfort, became frustrated and stopped taking food & drinks to die. He also gave threat to cut his penis. He loved a boy since his childhood but he understood that boy did not love him, as he is a boy. On physical examination, all male characteristics were well developed. Chromosome analysis revealed 46XY. Serum hormones (estradiol, progesterone, prolactine, testosterone, FHS, and LH) level were within normal limit. The patient was evaluated and treated at this hospital and showed improvement.*

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### **Introduction**

Transsexualism is characterized by the feeling of one's gender being different from one's biological sex. They have an overpowering wish to live as a member of the gender group opposite to their anatomical sex and seek to alter their bodily appearance and genitalia. There are two types of transsexuals; male to female (MTF) transsexuals and female to male (FTM) transsexuals.<sup>1</sup> The characteristic

statement made by male to female transsexuals is 'I feel like a woman trapped in a man's body'. This describes the core clinical feature of these patients which is an enduring belief that are 'really' of the opposite sex. This is associated with marked unhappiness and discomfort in the birth sex and a persistent desire to live and be treated as a member of the opposite sex.<sup>2</sup> In the past, the condition was called eonism because

\*1. Prof Mohammad S I Mullick, Chairman and Professor of Child and adolescent Psychiatry, Department of Psychiatry, Bangabandhu Sheikh Mujib Medical University (BSMMU). Dhaka. Mobile: 01911288672, E-mail: msimullick@gmail.com 2. Major Mohammad Monirul Islam, Graded specialist in Psychiatry. Combined Military Hospital. Jessore cantonment. Jessore. 3. Dr. Avra Das Bhawmik, Assistant Professor. Geriatric and Organic Psychiatry, National Institute of Mental Health, Dhaka 4. Dr. Md. Hafizur Rahman Chowdhury. Resident (Psychiatry). BSMMU. Dhaka

### **\* For Correspondence**

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it was exemplified by the Chevalier d'Eon de Beaumont. In psychiatric literature, the condition was mentioned by Esquirol in 1838 and described in more detail by Krafft-Ebing in 1886.<sup>1</sup> The word transsexual was used by Harry Benjamin in his seminal 1966 book *The Transsexual Phenomenon*.<sup>3</sup>

### Case history

Mr. 'X', a boy of 19 years, stated that he wanted to change his sex. He felt discomfort with his present assign sex. He liked the dresses, toys and other things of girls from his childhood. When he watched cinema or drama, he used to follow the attitude and dance of the girls. When this boy was in class five, he did not play with the boys and passed time with his sisters. From class eight, he read in religious school (Madrassa) as per desire of his parents. When his moustache, beard and other male characteristics developed, he felt severe discomfort and prayed more and more for changing his sex. As that was not happened, he became frustrated and stopped taking food & drinks to die. He was in intravenous fluid for two days. Then he understood that he did not die due to intravenous fluid and started taking food. He also gave threat to cut his penis. He loved a boy since his childhood but he understood that boy did not love him, as he is a boy. He put on religious dress (cap, scarf, pajama and panjabi), not for religious purpose, rather due to this type of dress is near similar to dress of the woman. He was instructed by his physician to attend the college by wearing shirt and pant, but he felt discomfort for putting on this dress. Then again he started to put on religious dress. He disliked all male physical and sexual characteristics, but liked female characteristics. He used

to say his prayer as female pattern at home and urinate in a sitting position as a girl. He could not sleep at night with any male partner. His sexual urge developed by seeing the boys. He always preferred homosexual relationship and played a passive role. His mother stated that when he was in class ten, he told her to be a girl and he used to cry by seeing a picture of a boy. His parents also stated that he came to his relative's house few years back as their relation among them was not satisfactory. He did not continue his study after appearing HSC examination. He studied in a female Madrassa (named himself as Shamima Shahjadi). He served in a garment as a female worker (named himself as Shifa) and went there by putting on veil (Borka). He lived in his relative's house and went outside home by putting on veil (Borka). He took indigenous treatment (Homeopathy and Ayurveda) to change his sex. He also took treatment from traditional healers. Finally he came to know about surgical treatment for changing sex and then he went to the surgeon for surgical treatment. Physical examination revealed, all male characteristics were well developed. All other systemic examination including nervous system revealed normal. On mental status examination, patient always put on scarf with religious dress. He walked like a girl. His speech was high pitched and female pattern. On investigation, chromosome analysis revealed 46XY. Serum hormones (estradiol, progesterone, prolactin, testosterone, FSH, and LH) level were within normal limit. No female organ was detected in the pelvis by ultrasonography. The patient was evaluated and treated at this hospital and showed improvement

## Discussion

During the intrauterine period the human brain develops in the male direction via direct action of a boy's testosterone, and in the female direction through the absence of this hormone in a girl. During this time, gender identity (the feeling of being a man or a woman), sexual orientation and other behaviors are programmed. As sexual differentiation of the genitals take place in the first 2 months of pregnancy and sexual differentiation of the brain starts during the second half of pregnancy, these two processes may influence independently each other, resulting in transsexuality<sup>4</sup>. Prevalence of 1 in 30,000 for male to female (MTF) transsexuals and 1 in 100,000 for female to male (FTM) transsexuals<sup>2,5</sup>. MFT to FTM ratio is 3-5:1 in most samples<sup>1,2,5</sup>. Patients typically report that the cross-gender behavior were apparent before three years of age and becoming more profound in adolescence and young adulthood<sup>5</sup>.

Clinical features in boys with this disorder are usually preoccupied with stereotypically female activities. They may have a preference for dressing in women's clothes or may improvise such items. They often have a compelling desire to participate in the games and pastimes of girls. Female dolls are often their favorite toys and girls are regularly their preferred playmates. When playing in house, they take a girls role. Boys with the disorder may assert that they will grow up to become a woman. They may claim that their penis or testes are disgusting or will disappear of that it would be better not to have a penis or testes<sup>5</sup>. Adult male person often ask for help in altering the appearance of the breasts and external genitalia. Depression is common and some make suicide attempt and some threaten

self-castration<sup>1</sup>. Girls with the disorder regularly have male companions and an avid interest in sports and rough-and-tumble play; they show no interest in dolls or playing house (may play as father or other male person). They refuse to urinate in a sitting position, claim that they have or will grow a penis and not want to grow breasts or to menstruate, and assert that they will grow up to become a man<sup>5</sup>. Adult female person adopt masculine dress, voice, gestures, and social behavior. Some ask for mastectomy or hysterectomy and a few for plastic surgery to create an artificial penis<sup>1</sup>.

Diagnosis of this disorder according to DSM – IV, there is a strong and persistent cross-gender identification and persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex. The individuals repeatedly stated desire to be the opposite sex, prefer cross-dressing & cross-sex roles, frequent playing or passing time with the other sex. They have a conviction that he or she has the typical feelings and reaction of the other sex. This disturbance is not concurrent with a physical inter-sex condition and causes clinically significant distress or impairment in social, occupational, or other important area of functioning.<sup>6</sup> According to ICD-10, a desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or inappropriateness of, one's anatomical sex and a wish to make one's body as congruent as possible with the preferred sex. For this diagnosis to be made, the transsexual identity should have been present persistently for at least 2 years, and must not be a symptom of another mental disorder, such as schizophrenia, or associated with any intersex, genetic or sex chromosome abnormality.<sup>7</sup>

Treatment of this disorder includes psychological treatment, real-life test, hormones and finally sex reassignment surgery (SRS). Psychological treatment is aimed to alter the core beliefs. Ineffective in the majority of cases and are generally not welcomed by the patient. Real-life test is to become accustomed to appearing, speaking and behaving as an opposite sex. Most centers required a successful 'real-life test' of at least one year prior to consideration for surgery. Hormonal treatment is usually given for developing secondary sex characteristics; oestrogen for MTF & androgen for FTM transsexuals. Sex reassignment surgery for MTF patients surgery involves orchidectomy and penectomy with vaginoplasty using penile skin. The cosmetic results can be good, although candidates vary in their ability to be orgasmic post-surgery. For FTM patients surgery involves mastectomy, hysterectomy, and bilateral salpingo-oophorectomy. Phalloplasty is undertaken in less than half of the patients as current techniques are neither cosmetically accepted nor functional for penetration.<sup>2</sup>

Regarding prognosis of this disease, no RCT are available comparing SRS (sex reassignment surgery) with other treatment. Cohort follow up studies report >90% of patients reporting improvement following SRS on measures of psychological adjustment, absence of regret, and vocational adjustment.<sup>2</sup>

Transsexualism is a disorder of unknown etiology. Primary Transsexualism occurs without any organic pathology. This disorder causes severe distress and discomfort not only in the patient but also in the parents and other family members. Patient has to face a lot of problems and difficulties in his personal, social,

institutional or occupational life. Treatment of this disorder is little difficult not only from medicolegal aspect but also from economic, social and religious aspects.

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