

**Conclusion:** Though Gaza strip is a small geographic area there is marked geographic distribution differences of the cases which reflect the general attitude of the population towards consanguineous marriage and inbred gene effect. In general the early the diagnosis the easier to make decision on gender assignment to rear the child in a socially acceptable role. Education of the medical personnel as well as the public education is highly recommended to reduce the impact of this health problem.

### **10) One stage feminizing genitoplasty: 4 years of experience with 29 cases**

**Dr. Jehad M. Abu Daia, Consultant Pediatric Urologist, European Gaza Hospital-EGH**

#### **Abstract:**

**Purpose:** We retrospectively evaluated the results of one-stage feminizing genitoplasty in children with congenital adrenal hyperplasia (CAH).

**PATIENTS AND METHODS;** Twenty nine patients with 46XX CVAH (congenital virilized adrenal hyperplasia) patients were referred following complete evaluation of gender, chromosomal and biochemical data by pediatric endocrinologists in 6 year period between 2001 and 2007- at European Gaza Hospital –Gaza ; 28 patient( new cases 26 + Redo 2) were managed by one-stage feminizing genitoplasty (vaginoplasty-valvoplasty and clitroplasty ), age 3 months to 12 years. We used the Passerini-Glazel technique, and in 5 patients we mobilize the urogenital sinus en bloc , one female patient underwent gender reversal and was raised as males.

**RESULTS;** Follow up was 3 months to 6 years. Preoperative ultrasound plus or minus genitogram and endoscopy provide the correct data regarding the vaginal and internal genital anatomy in all cases, Operating time ranged between 90 and 180 minutes, average hospitalization period was 4 to 9 days. Complications consisted of intraoperative urethral injury in 1 case wound infection in 2 and stenosis at the suture line in 2 patients -corrected by introitoplasty . All patients have had successful cosmetic results except one need redo clitroplasty for residual clitoromegalia.

**CONCLUSION:** Most patients with 46XX CVAH are preferably raised as females and require a feminizing genitoplasty . Preoperative investigations and surgical management of every case on its own merits gives satisfactory primary results , some revision at puberty should be anticipated in some cases.

### **11) Masculinizing Genitoplasty in Intersex Patients ( Severe Hypospadias )**

**Dr. Jehad M. Abu Daia, Consultant Pediatric Urologist, European Gaza Hospital-EGH**

#### **Abstract:**

**Purpose:** Perineal & scrotal forms are the most severe, uncommon and challenging variants in the spectrum of hypospadias. These forms are often associated with extreme chordee, penoscrotal-transposition and bifid or absent scrotum. We reviewed cosmetic and functional outcome of masculinizing genitoplasty (MGP) in intersex patients assigned as a male performed in our service in the last 6 years.

**Materials and Methods:** A total of 55 patients underwent MPG by one surgeon during 6 year period. Patient age ranged from 6 months to 16 years. The presenting disease was severe hypospadias or intersex, scrotal hypospadias in 30 cases , and perineal hypospadias in 25. Some patients were evaluated for gender, chromosomal and biochemical data by pediatric endocrinologists. Most of our patients had idiopathic male pseudohermaphroditism.. MGP was performed using Augmented Koyanagi Nonomura one-stage surgical techniques in the first 2 years, then we used *extended unilateral paramental flaps with minimal mobilization technique* in the next 4 years, dorsal plication needed in 7 patients. .Scrotoplasty and orchiopexy was performed in the same operation.

