



IMAGES IN PAEDIATRICS

Virilizations, are they always adrenal hyperplasias or tumors?

Virilizaciones, ¿son siempre hiperplasias suprarrenales o tumores?

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The diagnosis of acquired disorders of sex differentiation requires a thorough history-taking and examination.^{1–3}

A girl aged 3 years presented for assessment of clitoral enlargement and swelling and darkening of the labia majora with onset one month prior (Fig. 1).

The physical examination of the labia majora revealed a shape resembling a scrotum, mild pigmentation and posterior synechiae. The clitoris measured 30 × 10 mm, had an erythematous appearance and seemed tender on palpation. There were no palpable inguinal masses nor pubic hair.

The abdominal ultrasound showed a prepubertal uterus and small ovaries.

Laboratory tests found normal levels of 17-hydroxyprogesterone, dehydroepiandrosterone sulphate and gonadotropins, with elevation of testosterone (3.73 ng/mL; normal range, 0.02–0.1 ng/mL) that had decreased at 4 days (0.66 ng/mL). Both samples had been analysed by tandem mass spectrometry, evincing significant elevation (0.95 ng/mL) and the subsequent descent (0.25 ng/mL). One month later, her level of testosterone was



Figure 1 Enlarged clitoris measuring 30 × 10 mm.

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0.03 ng/mL and the clitoris was less enlarged, measuring 27×10 mm.

Privately, the father reported he had been in treatment with topical testosterone for erectile dysfunction starting a month before and that he coslept with the patient. The patient's symptoms had started at the same time as the paternal treatment. Therefore, the patient received a diagnosis of clitoromegaly secondary to exogenous androgen exposure. The patient remained in follow-up to monitor the resolution of enlargement, with a favourable outcome and normalization of testosterone levels after avoiding cosleeping.

In cases of virilization or pseudo-precocious puberty, an exogenous drug-induced cause should be suspected,¹⁻³ and avoidance of skin-to-skin contact should be prescribed for the duration of the paternal androgen therapy.³

References

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