

Case Series

Scope of dermatological practice among transgenders seeking cosmetic advice

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ABSTRACT

Transgender women are persons who are assigned male at birth, but who identify themselves as women. They aspire to display female characteristics both in appearance and attitude. Transgender women try to exhibit their female sexuality through the extensive usage of cosmetological interventions such as epilation of facial hair, control of acne, whitening treatments and excessive usage of makeup on face as the face serves as the part of body that helps to project their sexual characteristics. The prolonged and inappropriate usage of such interventions can lead to complications for which these group of individuals seek Dermatologic advice. Due to the rampant usage of steroid containing creams by our population in general and transgender community in particular as a means to overcome body dysmorphia, dermatologists have the responsibility to give proper advice regarding the complications following any cosmetological interventions. We report three transgender females who came to the OPD with skin thinning, acne, hypertrichosis and telangiectasia following the usage of topical steroid containing facial whitening creams.

Keywords: Transgender, Steroid, Whitening, Dermatological advice

INTRODUCTION

“Transgender” has become an umbrella term used to describe identities and experiences, including: pre-operative, post-operative and also non-operative transsexual people (who strongly identify with the gender opposite to their biological sex), ‘cross-dressers’ and also men and women regardless of sexual orientation, whose characteristics are perceived to be gender atypical.¹ A male-to-female transgender person is referred to as ‘transgender woman’. The use of steroid containing creams for supposedly altering the colour of skin, removal of facial hair by hair removal creams, lasers done by non-medical professionals etc is on the rise and the complications that occur following the usage of these is also therefore on the rise. Skin thinning, increased hair

growth over the face, acne and acneiform eruptions and telangiectasia may follow the chronic usage of steroid containing creams whereas hair depilatory creams/lasers may cause PIH (post inflammatory hyperpigmentation), Irritant contact dermatitis (ICD) etc. Excessive makeup also leads to increase in acne lesions, ICD etc.² Therefore, the need to give proper education and advice regarding the usage of cosmetic procedures/products is imperative.

CASE SERIES

Case 1

A 22-year-old person of the third gender visited the Dermatology OPD with complaints of redness and burning sensation over the face. The patient gave a history of use

of an OTC face brightening cream (Melamet) containing hydroquinone 2%, tretinoin 0.025% and mometasone furoate 0.1% since 6 months. On examination; localised erythema was present over the forehead, malar and submental region of face; telangiectasia over the malar region. Multiple comedones; both open and closed with some erythematous papules over the malar area. Terminal hair was present over upper lip region, chin, cheeks.



Figure 1: Erythema, acne, increased hair growth over the face of patient 1.

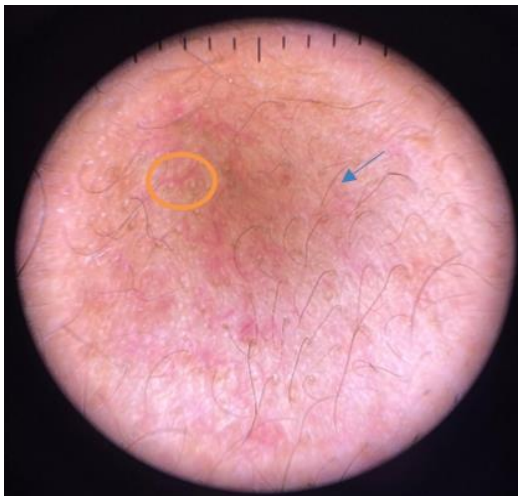


Figure 2: Dermoscopic image depicting y-shaped vessels indicating telangiectasia (yellow circle), hypertrichosis (blue arrow).

Case 2

A 25-year-old patient of third gender presented to dermatology OPD with complaints of thinning of skin over the face and acne that were attributed to steroid containing facial whitening cream (facebright) with mometasone furoate 0.1%, hydroquinone 2% and tretinoin 0.025% respectively for over 5-6 years. O/E-Multiple open comedones, papules were present over the cheeks, epidermal atrophy seen. Hypertrichosis present over the cheeks as well as upper lip, chin.

Case 3

A 32-year-old transgender patient presented to dermatology OPD with complaints of discolouration of skin PIH over the face and acne that were attributed to steroid and hydroquinone containing facial whitening cream (fair and lovely) usage for over 4 years as well as facial hair removal methods adopted. O/E-multiple acne scars- ice pick scars, rolling scars, PIH over the face, hypertrichosis etc.



Figure 3: Open comedones, papular lesions of acne, epidermal atrophy, hypertrichosis.



Figure 4: Acne scars icepick, rolling scars, PIH from shaving of facial hair, mild ochronosis.

Patients were advised to stop using the steroid containing facial brightening creams and to use sunscreen every day. They were apprehensive about it which in their opinion had enhanced their appearance and given confidence about their gender identity. The patients were then counselled about the adverse effects of its persistent and excessive usage of cosmetic interventions adopted. A 6 month follow up of the patients showed almost complete resolution of the complaints with the caessation of the OTC cream.

DISCUSSION

Face serves as the part of body that helps to project sexual characteristics of transgender women. Transgender women try to exhibit their female orientation through the extensive usage of cosmetological interventions. Like in the patients who presented to OPD after application of facial brightening cream, the use of fairness creams often containing steroids is a common practice amongst them. OTC products used include melamet cream, facebright cream which are formulations that contain hydroquinone 2%, tretinoin 0.025% and mometasone furoate 0.1%. Continued usage of mometasone could lead to Purpura, dermal and epidermal atrophy, telangiectasia, striae, “steroid acne”, rosacea-like syndrome, hirsutism, fat atrophy, cutaneous infections, hyperhidrosis etc. The term TSDF -Topical steroid damaged face is commonly used to describe the condition nowadays.³ A multicentric study on TSDF that was conducted by IADVL as a follow-up of the proposal of “stop OTC supply of potent topical steroids”. The study was conducted in 12 centers all over India on 2926 cases of facial dermatoses, out of which 433 cases (14.33%) were found to be applying TC (topical corticosteroid) on the face. An alarming finding was that the TCs were being used as fairness creams in 29% cases.⁴ The use of hydroquinone can cause irritation, allergic contact dermatitis, erythema, inflammation, xeroderma, stinging, ochronosis.⁵ Ochronosis presents as asymptomatic bilaterally symmetrical speckled blue-black macules and few gray-brown macules, previously called “caviar-like” bodies, typically affecting the malar areas, temples, lower cheeks, and neck. Exogenous ochronosis occurs from the use of topical hydroquinones (usually used as bleaching creams) but has also been associated with the use of phenol, quinine injection, resorcinol, picric acid, mercury, and oral antimalarials.⁶ The first clinical classification was suggested in 1979 by Dogliotti et al they described EO in three clinical stages as follows: Stage I- Erythema and mild hyper-pigmentation, Stage II- Progressive hyper-pigmentation with pigmented colloid milium (caviar-like lesions) along with scanty atrophy, Stage III- Papulonodular lesions resembling sarcoid lesions.⁷ In 1986, Phillips et al graded the condition into; Mild-Coarsening and darkening of skin, moderate-Large black papules on skin where the skin in between papules were normal and Severe-Larger, coalescing, caviar-like papules that were darker.⁸ In 1989, Hardwick et al later graded it into; grade I-macular sooty pigmentation, grade II-distinct macular stippling or small papules, grade III-dark deposition on skin and papules, grade IV-colloid milia which were 1mm and larger and grade V-cyst and keloid like nodules.⁹

Jordaan et al described EO as a mild variant characterized by coarsening and darkening of skin and a severe one with caviar-like black papules and skin atrophy.¹⁰ Due to higher testosterone levels, production of sebum is higher in them. The altered hormone levels thereby increase development of acne in them.¹¹ Type I 5 α -reductase acts in the skin and type II 5 α -reductase acts in the sexual organs. These

enzymes convert fewer active androgens into the active testosterone and 5-testosterone (DHT). These active androgens stimulate sebaceous gland cells to produce more sebum. Females produce more sebum in the week before their menstrual period when progesterone levels are higher. But progesterone is known to reduce the activity of the enzyme 5-reductase, which therefore might reduce sebum production.¹² In order to control acne, they resort to various interventions. Facial hair is a visually prominent and common male secondary sexual characteristic that is associated with body image dissatisfaction. A hairless face is considered necessary to exhibit their sexual characteristics and so they resort to methods of facial hair removal like -bleaching; leading to yellowish hue, erythema of skin. Plucking/threading causing folliculitis, ingrown hair, post inflammatory hyperpigmentation. Shaving leading to bruises on skin; depilatory creams cause irritant contact dermatitis, erythema; waxing causing pressure urticaria, folliculitis; electrolysis causes scarring, PIH; usage of lasers lead to erythema, PIH etc.¹³ Makeup is often considered a tool for self-expression, identification, and reinvention and has long been at the center of the queer community. This could lead to acne cosmetica, miliaria rubra, ICD to constituents of the products used, exfoliation of skin, photosensitivity, increased dryness of skin and increased infections.¹⁴ According to the study “effect of topical steroid-dependent facial dermatitis on quality of life: a hospital-based cross-sectional study using DLQI”, female patients, young age (<20 years), nonformal education, and illiteracy were the main variables in the study having a significant detrimental effect on QoL in patients having TSDF.¹⁵ According to our study, we recognise the rise of TSDF in the transgender community and how the QOL had been affected before and after the use of steroids. Most studies show that EO may develop gradually over 6 months to 3 years or longer.¹⁶ All these reports make us realise that unsupervised usage of skin-lightening agents containing hydroquinone was a common highlighting feature. Our patients came with multiple comedones, telangiectasia, hypertrichosis, PIH and erythema attributed to long term OTC cream usage that contained steroids and hydroquinone as well as use of facial hair removal methods adopted.

CONCLUSION

Transgender women try to conform to beauty standards of cis-women in order to fit in and feel accepted in the society. Due to the rise in media exposure and increased visibility, they are inclined various cosmetological interventions that lead to adverse effects. Therefore, it is within the scope and responsibility of Dermatologists to offer requisite advice for the wellbeing of these patients. Even though they were a neglected group in the past in the healthcare sector, instituting transgender clinics in hospitals and including their concerns in curriculum can alleviate healthcare disparities. We hope that this article could be the first of many larger case series for understanding and research and for the betterment of the transgender community in India.

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