

Subcutaneous abscess as a complication of postsex reassignment surgery

Dear Editor,

Although transgender people were not treated as a formal legal recognition, the number of countries recognizing them as gender-queer, nonbinary, or third gender identities are increasing. Gender reassignment surgeries, in particular, male to female, are recently on the rise. As a result, cases of postoperative complications sex reassignment surgery were reported.

A 25-year-old patient presented at the Dermatology Department with 2-week history of painful rash on left forearm. Past medical history included hyperthyroidism and hyperuricemia. The patient underwent phalloplasty including making a fistula and inserting a tube into left forearm to complete the urinary duct constructed in Thailand 4 months previously. The patient developed painful rash on that site two weeks earlier. Despite treatment with oral cefcapene pivoxil and levofloxacin at a dermatology clinic, the lesion did not improve. Physical examination revealed a dark reddish erythematous lesion, 3 cm × 7 cm in diameter, on flexor aspect of left forearm (Figure 1A). We diagnosed phlegmone on the basis of morphology. Although systemic amoxicillin hydrate produced temporary improvement, swelling recurred two weeks after initial visit (Figure 1B). The white cell blood count, differential and the chemistry panel including renal and liver function demonstrated normal: WBC 7070/μL, neutrophils 60.5%, c-reacted protein 0.23mg/dL. *Serratia marcescens* and *Staphylococcus epidermis* were detected by bacterial culture from a fistula. Subcutaneous abscess was visualized on computed tomography of left arm (Figure 1C). Seven days lavages of the fistula with weak povidone-iodine and administration of sulbactam and ampicillin led to improvement. After then, the patient visited Thailand again for another phalloplasty.

Gender identity disorders (GID) are defined as disorders in which an individual exhibit marked and persistent identification with the opposite sex and persistent discomfort (dysphoria) with their own sex or sense of inappropriateness in the gender role of that sex. In these, FTM (Female to Male) means that individuals who were identified as female at birth and whose bodies continued to develop with female characteristics but whose personal identification is definitively separate from the female gender. Although the rate of FTM is rare, one out of 30 000 people, in Japan,¹ some FTM received sex

reassignment surgery (SRS) in foreign countries to conform the sex to gender identity.²

Bogoras reported the first case of phalloplasty, construction of a penis with a pedicled abdominal tubed flap implanted with

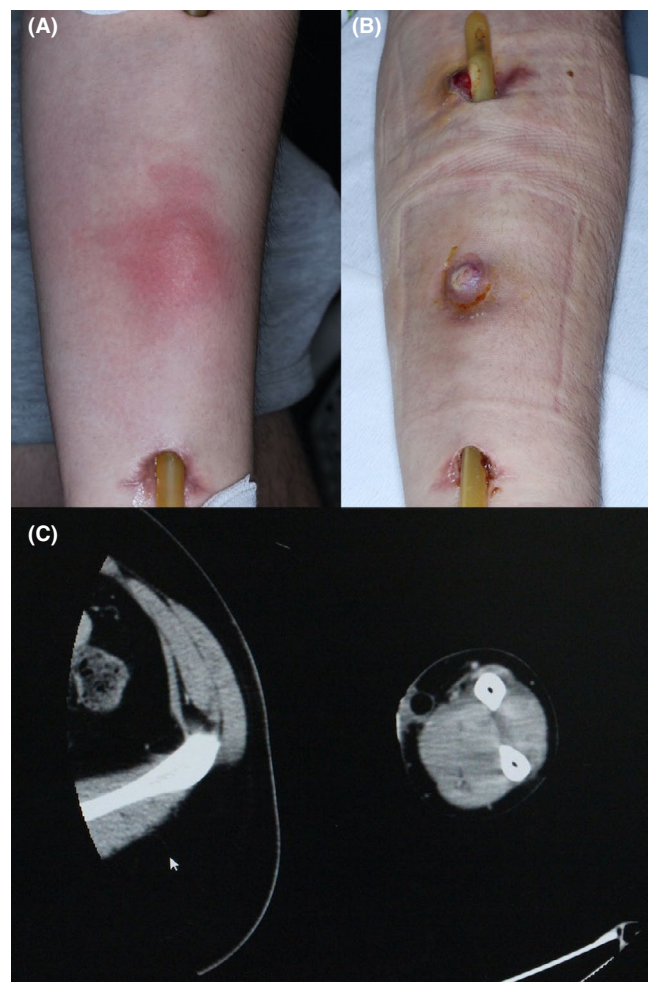


FIGURE 1 (A) Clinical findings of initial visit: a dark reddish erythematous lesion on flexor aspect of left forearm. (B) Recurred swelling two weeks after initial visit. (C) Subcutaneous abscess was visualized on computed tomography

[Correction added on 19 Oct 2020, after first online publication: The declaration section has been added].

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rib cartilage in 1936.³ Now, the standard method is “tube within a tube” technique by Chang and Hwang in 1984.⁴ Although various cases are known as its complications, for example, the urethral skin fistula and urethral stricture, urethral stones, flap necrosis, skin flap infection like our case was not reported.² Since SRS is expected to increase, we have to be careful in management for patients with postoperative complications: various clinical behaviors can be occurred.

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DECLARATION

Approval of the research protocol: N/A.

Informed Consent: Written informed consent was obtained from the patients.

Registry and the Registration No. of the study/trial: N/A.


Animal Studies: N/A.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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