DISORDERS OF SEX DEVELOPMENT: INPATIENT CONSULTS

DSD triage contacts:

1.	Assigned pediatrician and/or	page	
	Neonatal hospitalist	page 27726	cell 721-9687
2.	Endo fellow on call	page	cell 796-8120 (back-up)
3.	Urology on call	page	

The referring neonatologist/practitioner should contact other specialties when the need is obvious.

Additional DSD team members (see team list below) will be contacted by the triage team for:

1. Genital ambiguity sufficient to consider surgical reconstruction
   or
2. Questions of gender assignment

When to contact the DSD team:

The nurseries should promptly page the DSD triage contacts to evaluate any neonate with a potential DSD based upon any apparent element of genital ambiguity, including the following:

1. a midline defect, such as bifid scrotum, fused labia/posterior fusion, vaginal atresia, perineal hypospadias or urogenital sinus
2. microphallus, micropenis or clitoromegaly
3. bilateral non-palpable testes in a term or near-term baby thought to be a male based upon the degree of virilization

Although many of these neonates will not require surgical management or referral to the full DSD team, other goals of the team include:

a) identifying potential patients needing specialty referral or parent support;
b) obtaining a census of genital anomalies.

The triage team should also be notified of any sex chromosome anomaly (by prenatal or postnatal diagnosis).

Examples of tentative diagnoses resulting in inpatient referral to full team and f/u in DSD Clinic:

a. Virilized female with CAH (46 XX DSD)
b. Disorders of androgen biosynthesis or action (46, XY DSD)
c. Mixed gonadal dysgenesis or ovotesticular DSD (various karyotypes)

Examples of diagnoses not usually leading to full team referral--these patients will be seen as outpatients and be referred to SW, psychiatry, genetics, support groups as needed:

a. Isolated micropenis—f/u in Endocrine Clinic
b. Isolated minor hypospadias or cryptorchidism—f/u in Urology Clinic

Plan of communication and care regarding baby with genital ambiguity and possible DSD:

1. **<u>Notify on call Ped Endo and Urology to examine baby</u> (and Nursery Attending if not already notified)**
2. **Ped Endo will discuss case with Nursery Attending and Urology, then meet briefly with family**
3. **Ped Endo or Nursery Attending will notify next tier of DSD team (SW, Psych, Ped Gyn, Genetics, DSD ethicist) if initial exam suggests either:**
   a) eventual surgery is likely
   b) gender assignment might be an issue
4. **All of the above services will give input via e-mail or at case conference arranged by nursery SW**
5. **SW, Ped Endo, and Nursery Attending (other services if requested) meet with family before discharge**
6. **Follow-up in DSD clinic (1st Tuesday morning each month, 730 Welch Rd in Ped Endo)**

DSD team

TRIAGE:		
Neonatology	Carly Heninger	Carly.Heninger@stanford.edu
Pediatric Endocrinology (Liaison service)	Kirk Neely MD Avni Shah MD Rajiv Kumar MD Eileen Durham PNP	neely@stanford.edu avnishah@stanford.edu rbkumar@stanford.edu edurham@lpch.org
Pediatric Urology	Hsi-Yang Wu Bill Kennedy Or on call team	hwu2@stanford.edu wkennedy@stanford.edu
TO BE CONTACTED BY TRIAGE TEAM:		
Pediatric Gynecology	Paula Hillard MD	phillard@stanford.edu
Child Psychiatry	M Goldsmith Richard Shaw	michelle.goldsmith@stanford.edu rjshaw@stanford.edu
Social Work	Nursery social worker	
Genetics	Page consult team Jon Bernstein	 jon.bernstein@stanford.edu
Medical Ethics	Katrina Karkazis	karkazis@stanford.edu
ADDITIONAL CONTACTS AS NEEDED:		
Support services	AIS-Jeanne Nollman Anne Tamar-Mattis	jeanne333@sbcglobal.net director@aiclegal.org
Pediatric Surgery	Craig Albanese	Contact if needed
Pediatric Radiology	Shreyas Vasanawala	Contact if needed