



# 46,XY DSD

## Partial Gonadal Dysgenesis

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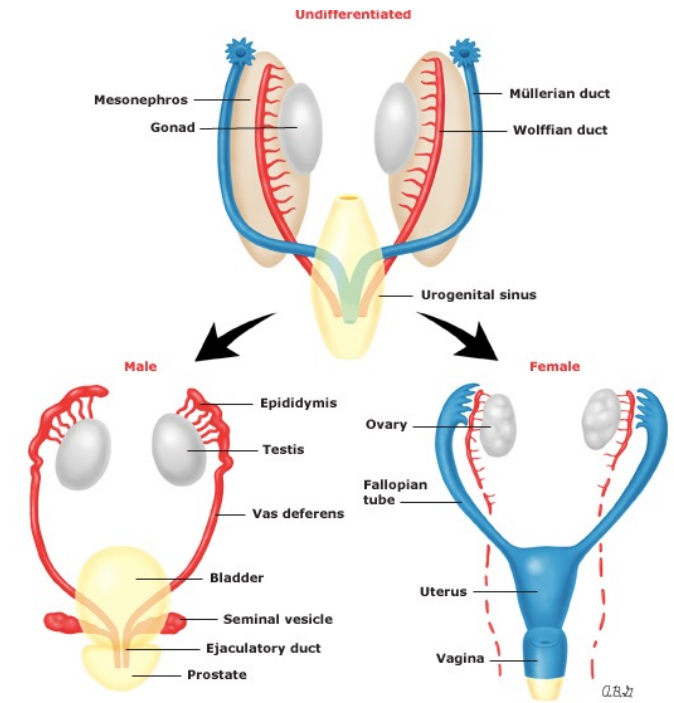
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# 46,XY DSD Gonadal Dysgenesis

- Impaired development of the gonads
  - Begins early either at fertilization or shortly after in the early stages of the embryo and fetus
  - Genetic diagnosis is currently reached in only about 20% to 40%
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- **Complete gonadal dysgenesis** = Swyer syndrome
  - **Partial gonadal dysgenesis**
    - Mutations and deletions in SRY (10-20%)
    - Mutations of NR5A1 (9q33)
    - Mutation of DHH (12q13.1)
    - In most cases → Unknown mutation

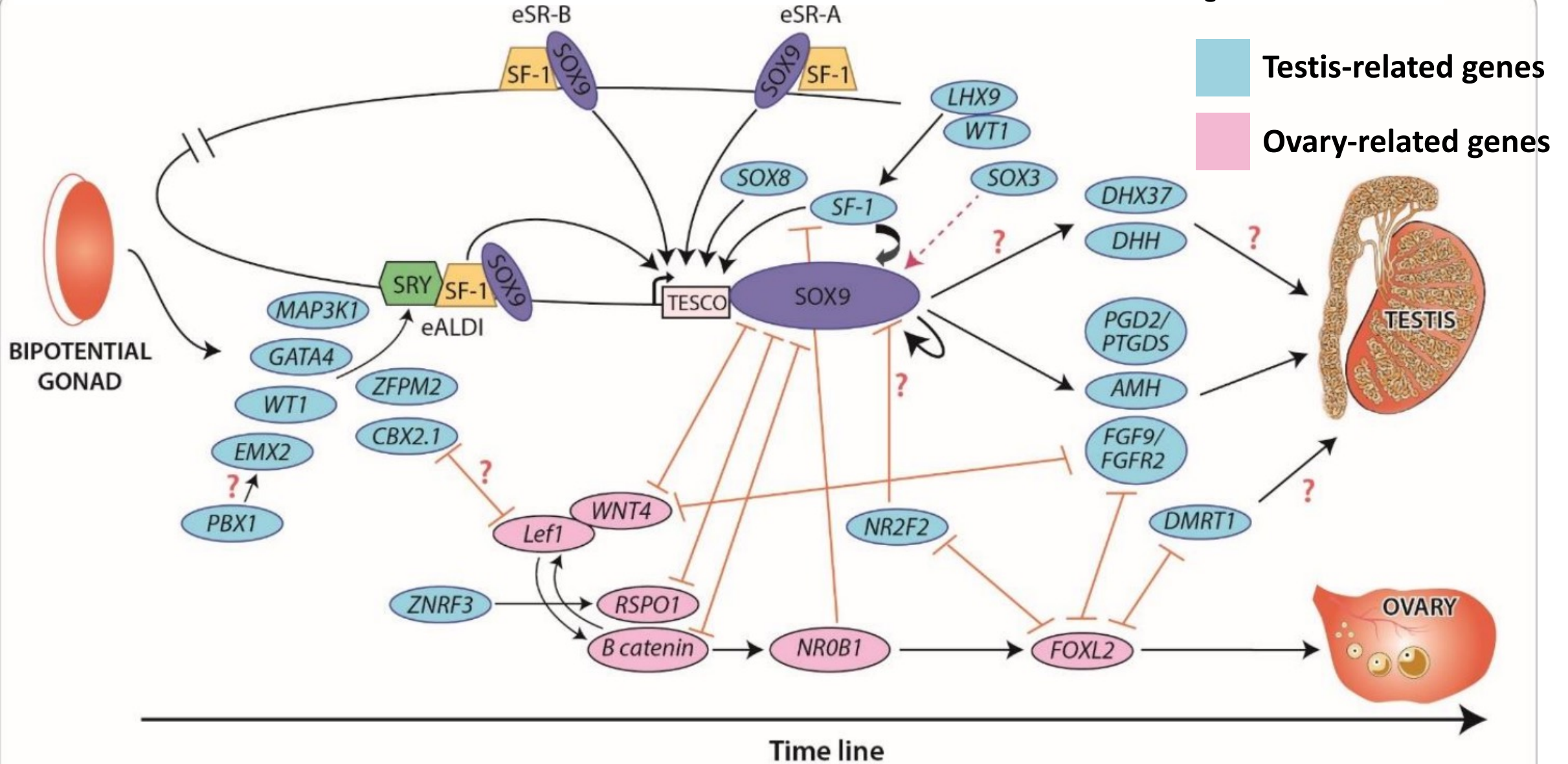
# Complete VS Partial Gonadal Dysgenesis

	Complete Gonadal Dysgenesis (Swyer syndrome)	Partial Gonadal Dysgenesis
<b>Gonad</b>	Streak/Dysgenetic gonad	
<b>Internal genital organ</b>	Persistent of müllerian structures	Vary +/- uterus +/- upper of vagina +/- male internal structures
<b>External genital organ</b>	Female external genitalia	- Clitoromegaly - Ambiguous genitalia - Isolated hypospadias
<b>AMH</b>	Insufficient	Vary



In typical XX individuals, the müllerian ducts give rise to the fallopian tubes, uterus, and upper vagina and the Wolffian ducts persist in vestigial form. In typical XY individuals, the Wolffian ducts give rise to the epididymides, vasa deferentia, seminal vesicles, and ejaculatory ducts and the müllerian ducts regress.

# Genes Involved in Gonadal Development



**Patients with suspected XY-Partial gonadal dysgenesis**  
based on history and physical examination

**Genetic Testing**

**Hormonal Evaluation**

**Imaging**

**Chromosomal analysis**  
(karyotype & array CGH\*)

**FISH for SRY**

If **SRY** is present and chromosome analysis and array CGH are normal

→ Sequence analysis for **SRY, NR5A1, and DHH**

- If these sequences are normal
- Verify coverage of **NROB1** and **WNT4** on array CGH testing
  - If not well covered, targeted duplication analysis may be considered

**Surgical Management**

\*Array CGH = Array comparative genomic hybridization (CGH) analysis

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If other **syndromic features** are noted on physical exam, specific genetic testing should be sent:

- **SOX9 sequencing** if patient has finding consistent with **campomelic dysplasia**
- **ARTX sequencing** if patient has evidence of **alpha-thalassemia X-linked mental retardation**
- **WT1 sequencing** if patient has findings consistent with Denys-Drash

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**Hormonal Evaluation**

Basal LH and FSH may be elevated depending on age

Exclude adrenal steroid biosynthesis defects  
Ruling out CAH

Serum testosterone and AMH will be low

**hCG stimulation test**  
Inadequate rise of testosterone in response to hCG

**Imaging**

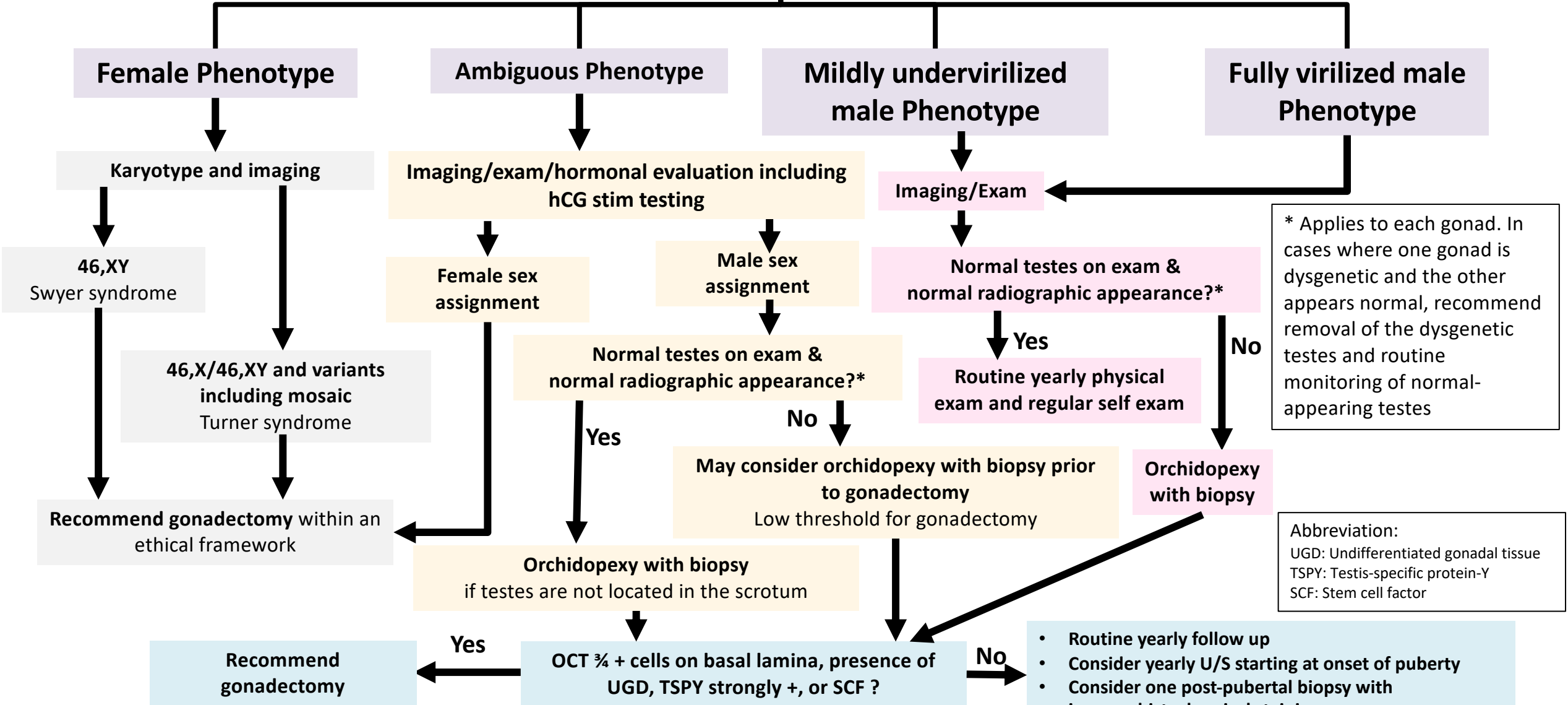
**Pelvic U/S or MRI**  
to evaluate internal genital anatomy and the position of gonads

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# Diagnostic Algorithm and Management for Patients with Confirmed XY Gonadal Dysgenesis

History and Physical Exam



\* Applies to each gonad. In cases where one gonad is dysgenetic and the other appears normal, recommend removal of the dysgenetic testes and routine monitoring of normal-appearing testes

Abbreviation:  
 UGD: Undifferentiated gonadal tissue  
 TSPY: Testis-specific protein-Y  
 SCF: Stem cell factor