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Reply

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Sir: Dr. van der Kamp's and our study are in agreement that psychosexual identification of women with congenital adrenal hyperplasia is problematic. However, we found an increased masculine role orientation and problems with intimacy only in a small subgroup of clinically more impaired women, i.e. those with salt wasting and more severely virilized genitalia. We doubt that investigator rating of satisfying vaginal function can be accepted as a gold standard to judge the patient's perception. The methodological quality of this approach is unsatisfactory and equates observer rating with objectivity.

Although it is tempting to speculate about the impact of endocrinological factors on brain development in general, and on psychosexual identification in particular, we agree with Dr. van der Kamp that this would imply a too narrow conception of gender identity. Women with congenital adrenal hyperplasia deserve a very personal understanding of their situation which reaches far beyond the endocrinological basis of their psychosexual problems.

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Furosemide versus thiazide in Gordon syndrome

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Sir: The report by Tokunaga et al. [3] on the effect of furosemide in a patient with Gordon syndrome [2] is quite interesting.

Furosemide administration to their patient normalized the blood pressure and the serum electrolyte disturbances at the cost of accentuated hypercalciuria. We suggest that this patient should have been treated with thiazide instead of furosemide.

In the patient whom we studied earlier [2] furosemide aggravated the already existing hypercalciuria. Thiazide normalized the urinary calcium excretion. In order to avoid urinary calculus formation, as reported by Weinstein et al. in their patient [4], long-term furosemide treatment should be avoided in Gordon syndrome.

Calcium excretion should be studied in more patients with Gordon syndrome.

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Reply

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Sir: I agree with the comments by Drs. Semmekrot and Monnens. Two years ago our patients with Gordon syndrome was switched from furosemide to thiazide because of increased urinary calcium excretion. Comparing the responses to loading tests with furosemide and trichlormethiazide in this patient we found that the fractional excretion of calcium decreased after the administration of 4 mg trichlormethiazide but increased with a single dose of 40 mg furosemide. The fractional excretion of sodium and chloride increased more markedly with this dose of trichlormethiazide and that of potassium more markedly with furosemide. The experience with our patient confirms that thiazide is the first choice in the treatment of Gordon syndrome because of its comparable therapeutic efficacy and more favourable effects on calcium excretion.

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