



# The Biopsychosocial Approach to Pelvic Pain in the Transgender Male

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## Background

Transgender patients face stigma and biases in accessing comprehensive care.<sup>1</sup> These biases may contribute to health disparities among transgender patients and serve as barriers to care.<sup>2</sup> This case explores a broad differential for pelvic pain in a transgender male.

## Case Vignette

A 19-year-old transgender male with a history of PTSD and depression presented to his PCP with worsening cramping suprapubic pain, associated with worsening left lower quadrant pain, dyspareunia, and dyschezia.

His past medical history was significant for:

- Gender affirming therapy with testosterone shots every 2 weeks for several years with occasional delays in administration.
- Suspected endometriosis treated with oral contraceptives without improvement in pelvic pain.

Physical examination was notable for cervical motion tenderness and left adnexal tenderness.

He was treated for presumed pelvic inflammatory disease without resolution of symptoms. Follow up TVUS and STI/pregnancy testing were negative.

Despite multiple tests and various therapies, etiology of pelvic pain remains unclear and evaluation is ongoing.

## Learning Objectives

- Examine the biopsychosocial factors involved in the care of transgender patients.
- Develop a comprehensive differential diagnosis for pelvic pain in a transgender male.

## Differential Diagnosis for Abdominal Pain in the Transgender Male

For a transgender male who has not undergone gender affirming surgeries (hysterectomy, oophorectomy, and/or vaginectomy), consider broad differential diagnoses encompassing the three components of the biopsychosocial model.

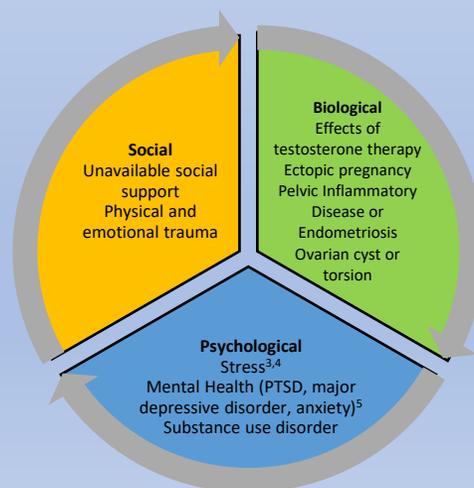


Figure 1: A broad differential diagnosis using the biopsychosocial approach.

## Conclusions

Comprehensive evaluation of pelvic pain in the transgender male population necessitates consideration of unique factors.

Transgender medicine is under-represented in medical education. Though its inclusion in modern medical education is increasing, many currently practicing physicians had minimal to no exposure during their training.<sup>6</sup> The lack of knowledge and education may pose as barriers in caring for patients, even those with commonly encountered symptoms.

Thus, it is imperative to take a biopsychosocial approach to account for the wide variety of risk factors, including taking a multidisciplinary approach to diagnosis and management.

## References

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