



Dermatological conditions in transgender health

Exploring gender, expression and transition can cause significant and often undesired changes to an individual's skin. Understanding common skin issues and being able to help your transgender, non-binary and gender diverse patients can make a big difference to their physical and mental wellbeing.

This leaflet provides information from a literature review on published studies examining skin conditions that may occur during gender affirming medical transition. For the literature review, over 500 research studies were screened whilst following a robust methodology.¹ As with any literature review, the paper is limited by the available studies, including in different populations and ethnic groups.

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Transgender, non-binary and gender diverse people can face specific skin concerns

Many transgender, non-binary and gender diverse people require gender affirming medical treatment or surgeries. Given the uniqueness and complexities of such procedures, many may face specific dermatological symptoms and conditions, including:

- Acne, androgenic alopecia, xerosis, pruritus, persistent hirsutism, atopic dermatitis and melasma caused by hormone treatment²
- Hypertrophic scar or keloid development following gender affirming surgery, particularly in the chest³
- Itch, rash or acne due to chest binding, genital tucking, or packing^{4,5}

Treatment of skin conditions in the transgender, non-binary and gender diverse population is especially important. Skin issues can lead to increased body image dissatisfaction and further secondary health problems, including dysphoria, anxiety, and depression.³

Unfortunately, skin conditions in this population are often not discussed, and may go undiagnosed, despite the potential for significant improvements to quality of life and mental health.³

Health care professionals (HCPs) can play an important role as part of the multidisciplinary team looking after transgender, non-binary and gender diverse patients – including helping to inform them of the dermatological changes that they may experience.

Common skin conditions

Treatments of dermatological conditions do not differ primarily when compared to cisgender people. However, the treatment of some dermatological conditions in people undertaking masculinising or feminising medical treatment or surgery requires specific considerations.



Common in people taking masculinising hormone therapy

Condition	Presentation	Treatment recommendations
Acne vulgaris Due to the effects of testosterone in increasing sebum production and follicular hyperkeratosis ⁶	<ul style="list-style-type: none"> Acne commonly affecting the lower face, chest, upper arms, and back⁷ 	<ul style="list-style-type: none"> Over-the-counter acne treatments like topical retinoids or benzoyl peroxide⁷ Topical or oral antibiotics⁷ Hormonal therapies and antiandrogens should be avoided as they may counteract the effects of masculinisation⁷
Itch, acne, rash or infection This can happen on the chest due to binding ⁵ or in the genital area due to packing	<ul style="list-style-type: none"> Itch, acne, rash or possible infection in the chest area in the case of binding⁵ Itch or infection can also occur in the genital area due to packing 	<ul style="list-style-type: none"> Recommend proper binder cleaning techniques as advised with the product Topical treatments for acne or infection as appropriate
Androgenic alopecia (hair loss) Triggered by testosterone therapy ⁸	<ul style="list-style-type: none"> A specific pattern of hair loss on the top of the scalp⁸ 	<ul style="list-style-type: none"> Hair thinning treatments (e.g., Minoxidil 5%)⁹ Spironolactone should be avoided as it may interfere with testosterone therapy⁹
Scarring and keloid formation	<ul style="list-style-type: none"> Following chest surgery. More visible among those with darker skin³ 	<ul style="list-style-type: none"> Intralesional corticosteroid injections can help treat and prevent;³ refer patients to a plastic surgeon or a dermatologist for further options

Common in people taking feminising hormone therapy

Condition	Presentation	Treatment recommendations
Xerosis (dry skin) Due to the effects of oestrogen reducing skin sebum production ³	<ul style="list-style-type: none"> Generalised xerosis and nail fragility² 	<ul style="list-style-type: none"> Moisturisers or topical steroids²
Atopic dermatitis	<ul style="list-style-type: none"> Generalised skin dryness, itch, and rash¹⁰ 	<ul style="list-style-type: none"> Moisturisers Topical steroids
Persistent hirsutism; frequent shaving can lead to pseudofolliculitis barbae (razor bumps)	<ul style="list-style-type: none"> Persistent, thick hair growth, prominently on the lower face³ Pseudofolliculitis barbae presents as painful, itchy papules with erythema and hyperpigmentation. Post-inflammatory hyperpigmentation or keloid scarring may develop¹¹ Primarily affects those with darker skin¹¹ 	<ul style="list-style-type: none"> Advise proper shaving techniques³ Topical retinoids and low-potency corticosteroids can help reduce inflammation³ Laser hair removal or electrolysis can remove the need for frequent removal³
Itch, rash, or skin infection in the genital area, due to tucking⁴	<ul style="list-style-type: none"> Itch, rash, or skin infections in the genital area, as well as genital pain⁴ 	<ul style="list-style-type: none"> For itch and rash, topical emollients to repair the skin barrier Antihistamines can help suppress the itch-scratch cycle HCPs are encouraged to discuss risks and benefits in an empathetic manner, and ask about preferred genital terminology
Melasma Due to the effects of oestrogen ¹²	<ul style="list-style-type: none"> Symmetric hyperpigmentation typically on the face;¹³ more common among those with darker skin 	<ul style="list-style-type: none"> Topical therapies such as hydroquinone, followed by oral therapies¹³
Cutaneous melanoma Some studies have found a link between oestrogen therapy and its development ¹⁴	<ul style="list-style-type: none"> Assess lesions through the ABCD rule 	<ul style="list-style-type: none"> Regularly recommend full-body examinations for patients on oestrogen therapy

Help your patients feel more comfortable in their skin.



By knowing more about the specific dermatological conditions and symptoms your transgender, non-binary and gender diverse patients may face, you can help improve their experience during transition both physically and emotionally.

E45 has supported research into skin changes encountered during gender affirming medical transition, from which some of the findings in this material have been sourced. The research screened over 500 research studies and followed a robust methodology.¹

To find out more, visit the E45 website.



References: **1.** Arcelus J, Kamaruddin K & Bouman W. P. Dermatological Aspects of Gender Affirming Medical Treatment in Transgender and Gender Diverse People: A Systematic Review, International Journal of Transgender Health (Submitted). **2.** Dhingra N, et al. J Am Acad Dermatol 2019;80(6):1712–1721. **3.** Yeung H, et al. Endocrinol Metab Clin North Am 2019;48(2):429–440. **4.** Poteat T, et al. J Clin Transl Sci 2018;2(Suppl. 1):76. **5.** Peitzmeier SM, et al. Pediatrics 2021;147(3):e20200728. **6.** Vasam M, et al. Biochem Biophys Rep 2023;36:101578. **7.** Radi R, et al. Am J Clin Dermatol 2022;23(2):219–229. **8.** Tang GT, et al. Clin Exp Dermatol 2023; 48(10):1117–1127. **9.** Gu Y, et al. Australas J Dermatol. 2024;65(1):24–36. **10.** DermNet™. Atopic dermatitis. Available at: <https://dermnetnz.org/topics/atopic-dermatitis>. **11.** Ogunbiyi A. Clin Cosmet Invest Dermatol 2019;12:241–247. **12.** Cario M. Exp Dermatol 2019;28(6):709–718. **13.** Sarakr R, et al. Indian J Dermatol 2017;62(6):558–577. **14.** Koomen ER, et al. Ann Oncol 2009;20(2):358–364.

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