

Acute stroke and left ventricular thrombus in a lady after gender transformation

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High dose of prolonged oestrogen use increases venous thrombo-embolic and Cardiovascular disease risk, though there is only one such case in published literature.

A 50 year old nurse presented with dysarthria but no limb weakness or any other symptom. She was an active smoker with a history of 37 pack years of smoking but no other risk factors for CVD. She had undergone gender transformation in 1997 and has been taking Premarin 125 mcg qds for last 5 years. She had one episode of severe chest pain 2 months prior to this episode which had left her short of breath on exertion. She denied any further chest pains. On examination, she was found to have Right sided UMN facial palsy and expressive dysphasia but no other neurodeficit or carotid bruit. ECG showed sinus rhythm with Q waves in V1-3, T inversion V2-6, ST elevation V2-3. CT-head – no evidence of bleeding and Troponin I was 0.04 (Normal <0.03). Echocardiogram showed moderately impaired LV function (Ejection fraction 35-40%) and Left ventricular apical thrombus. A diagnosis of stroke with Acute Coronary Syndrome was made. She was treated with standard stroke protocol and Clopidogrel and Fragmin were withheld. After Echo result was received she was started on Warfarin. After Endocrine review her HRT was stopped and Alendronate was started for her bone protection. Use of low dose of HRT or phyto-oestrogens was discussed.

The possible plan to maintain her gender characteristics need to be discussed in the background of significant CV disease probably augmented by genetic male gender, exposure to cigarette and high dose of oestrogen.

Suitable for the following categories:

Disorders of the gonads

Miscellaneous endocrine disorders and oncology