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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Reply

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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 the 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 calcium 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.

References