

# LGBT+ and Aesthetics

1:30 PM 1:45 PM LGBTQ+ Patients and Aesthetics: THURSDAY FEBRUARY 9, 2023

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She/her/hers

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# Disclosures

- None relevant



# Overview

- Background
- Topicals
- Injectables
- Surgical intervention
- Hair



# Overview

- **Background**
- Topicals
- Injectables
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- Hair



# Background: population

- Over 10 million LGBT individuals live in the US
- 2011: Institute of Medicine publishes a landmark report highlighting the gaps in LGBTQ care
- 2016: AAD establishes a expert resource group on LGBT/Sexual and Gender Minority Health

Yeung H et al. Dermatologic care for lesbian, gay, bisexual, and transgender persons: Terminology, demographics, health disparities, and approaches to care. J Am Acad Dermatol. 2019 Mar;80(3):581-589. doi:



# Background: gender care and dermatology

Editorial > [Int J Womens Dermatol](#). 2016 Dec 22;3(1):65-67. doi: 10.1016/j.ijwd.2016.11.007.

eCollection 2017 Mar.

## Dermatologic care of the transgender patient

B A Ginsberg <sup>1</sup>



# Background: national trends in procedural gender care

- Gender affirming surgery is increasing
  - 3-fold up 2012 to 2019
- According to the American Society of Plastic Surgeons, approximately **11,000 gender confirmation surgeries in 2019**
  - Male to Female patients: 3,359
  - Female to Male patients: 7,626



# Background: terminology

- Sex: assigned at birth (genitalia and/or biology)
  - Female, male, intersex
  - May/may not align with gender identity
- Sexual Orientation: Emotional/sexual attraction to others
  - Heterosexual, gay, lesbian, bisexual
- Sexual behavior: activity
  - MSM, MSW, WSM, WSW
  - May not align with sexual orientation





# Background: terminology continued

- Gender identity: sense of own gender
  - Man, woman, non gender conforming
- Gender expression: communication via appearance/behaviors/personality
  - Masculine, feminine, androgynous, non conforming
- Transgender
  - FTM, MTF
- Cisgender
  - Gender aligns with sex assigned at birth
- Transition
  - Process of accepting/expressing gender identity



# Background: health care disparities

- Data suggests LGBT women may be underrepresented among US dermatologists
- LGBT+ individuals are more likely to rate health as poor
- Transgender individuals
  - higher rates of STDs, violence, victimization and mental health issues
  - poor access to gender-affirming procedures

Mansh MD, Dommasch E, Peebles JK, Sternhell-Blackwell K, Yeung H. Lesbian, Gay, Bisexual, and Transgender Identity and Disclosure Among Dermatologists in the US. *JAMA Dermatol.* 2021;157(12):1512–1514.  
doi:10.1001/jamadermatol.2021.4544



# Medically necessary gender affirming care



# Overview

- Background
- **Topicals**
- Injectables
- Surgical intervention
- Hair



# Topicals

- Brands that support the community
- Inclusivity
- Beauty influencers
- Products that work with facial hair
- Neutral packaging



# Overview

- Background
- Topicals
- **Injectables**
- Surgical intervention
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# Injectables: literature review



Case Reports

> Clin Cosmet Investig Dermatol. 2022 Jul 14;15:1333-1345.

doi: 10.2147/CCID.S363882. eCollection 2022.

## **From Anatomical Modifications to Skin Quality: Case Series of Botulinum Toxin and Facial Fillers for Facial Feminization in Transgender Women**

Bianca Viscomi<sup>1</sup>



# Facial preferences

- Ask the patient for their preference
- Images can be helpful
- May not necessarily be striving for feminization or masculinization
- Upcoming procedures?





# Injectables-MTF



Injection of  
frontalis- up high

Corrugator/procerus  
to atrophy

Orbicularis oculi  
to open brow

Masseter to  
atrophy

Mentalis to  
atrophy chin



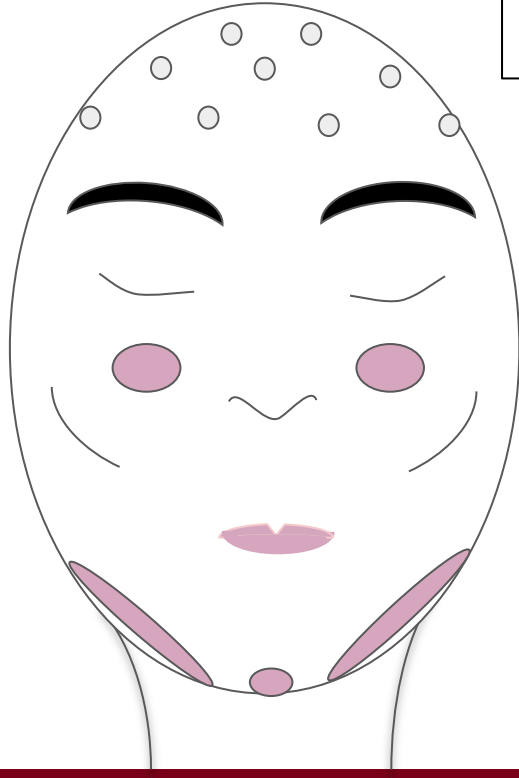
Fillers



Botox



# Injectables-FTM



Injection of frontalis-  
including lateral mid

Avoid brow arch

Corrugator/procerus  
avoid or limit

Jawline  
definition

Volumize  
chin



Fillers



Botox



# Injectable case

- Injection, cheeks, deposition to bone
- Feminize



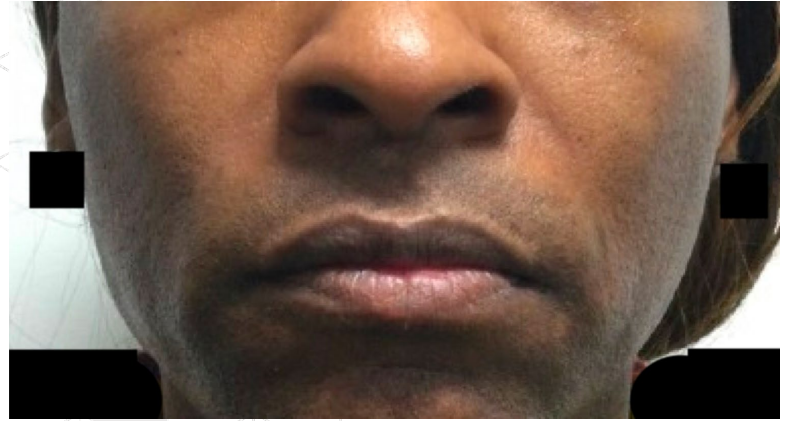
# Botulinum toxin

- Lift
- Shape
- Flatten the forehead and eyebrows
- Reduce masseter hypertrophy



# Injectable case

- Transgender woman
- 50s
- Estradiol and progesterone
- s/p top surgery
- Pending vaginoplasty



# Injectable case

- Vycross hyaluronic acid on bone on the bilateral cheeks
- Central volumization of lips
- Repeat lip augmentation with an additional 1 milliliter of hyaluronic acid



# Overview

- Background
- Topicals
- Injectables
- **Surgical intervention**
- Hair



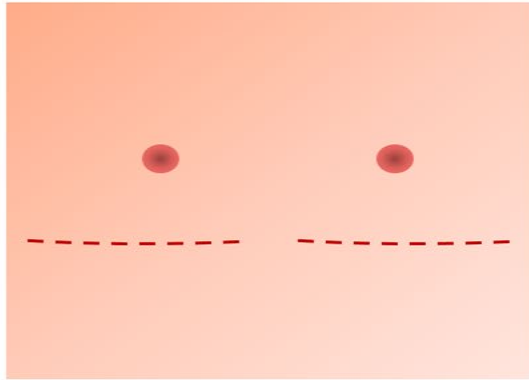
# Introduction: anatomic differences that can be addressed

	Masculine	Feminine
Hairline	M-shaped	Round
Forehead/Brow	Prominent	Effaced
Nose	Dorsal hump, wider	Sloped, refined tip
Jaw, chin	Prominence angle, Square chin	Obtuse angle, narrow chin
Thyroid cartilage	+/- Prominent	Not prominent

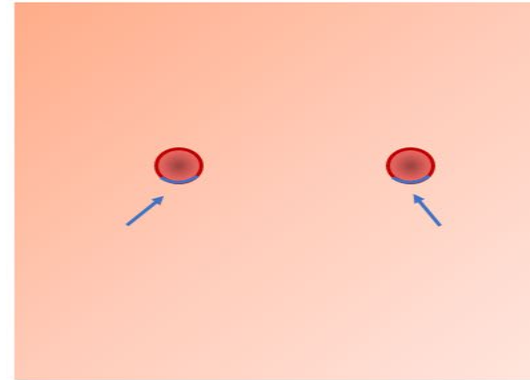




# Surgical intervention: top surgery



Double Incision



Key Hole

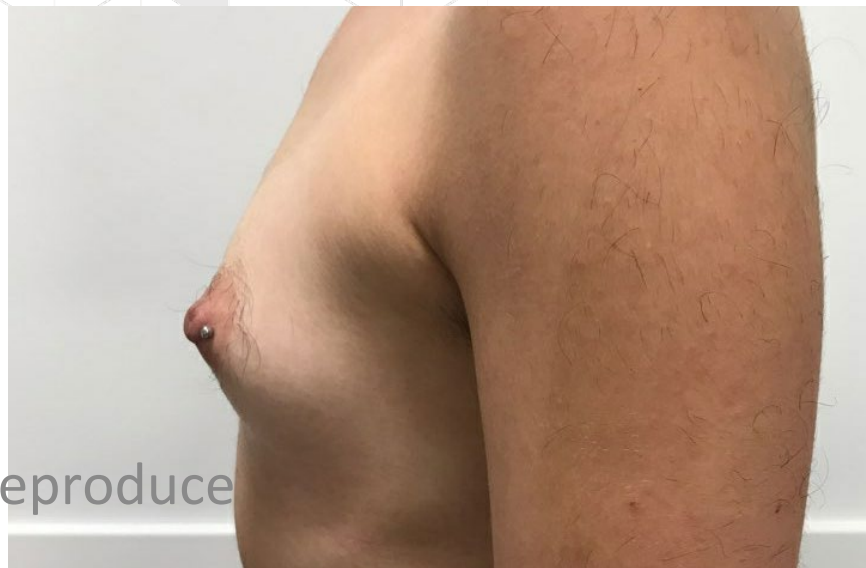
Image courtesy of Omar Zakaria





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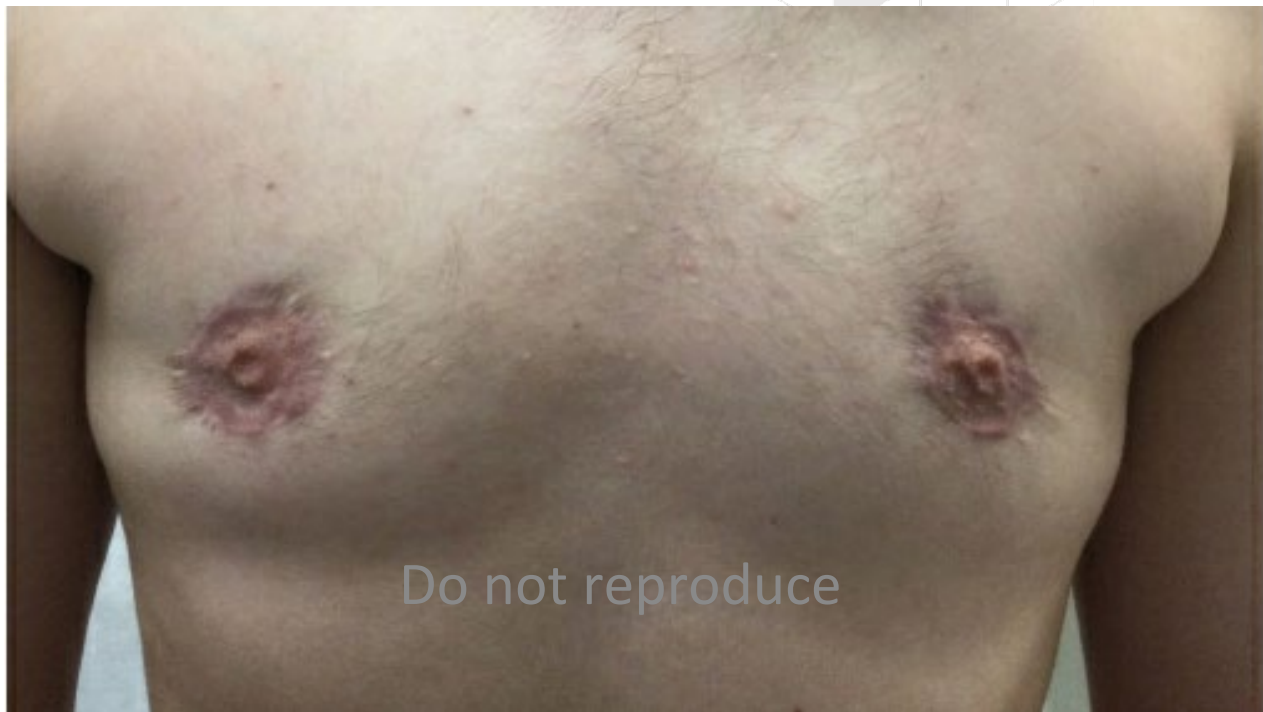




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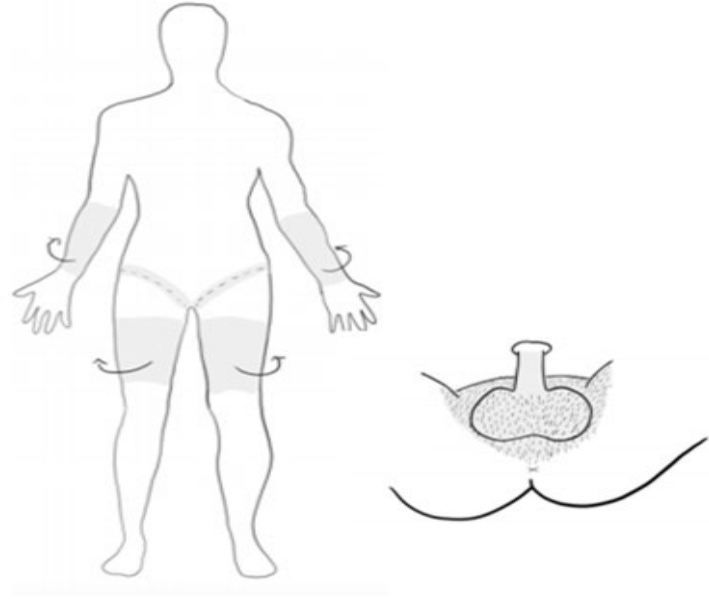


# Hypertrophic scars





# Background: Gender Reassignment Surgery: aka bottom surgery



# Overview

- Background
- Topicals
- Injectables
- Surgical intervention
- **Hair**
  - Hormones
  - Hair growth
  - Hair removal



# Hair: hormones

- Administration routes can include oral, topical, injections, or a patch
- Impacts hair growth cycle
- Can change distribution

Feminizing	Masculinizing
Spironolactone Estrogen Finasteride Dutasteride Progesterone	Testosterone



# Hair: finasteride

[Observational Study](#) > [Clin Exp Dermatol. 2017 Oct;42\(7\):743-748. doi: 10.1111/ced.13184.](#)  
Epub 2017 Jul 10.

## Therapeutic experience with oral finasteride for androgenetic alopecia in female-to-male transgender patients

[O M Moreno-Arrones](#)<sup>1</sup>, [A Becerra](#)<sup>1</sup>, [S Vano-Galvan](#)<sup>1</sup>

- Androgens for FTM transgender cause AGA
  - Transmen on finasteride 1mg po improved
- Some suggested:
  - Finasteride for transmen
    - wait at least 2 years after testosterone
- Transwomen effect is unclear
  - ?M-shaped hairline recession and vertex thinning before hair grow
- FDA KNOW: suicidal ideation and behaviour



# Hair: anti-androgens

- Poor data- caution in those masculinizing
  - spironolactone- usually patients feminizing are already on
  - flutamide
  - bicalutamide
  - cyproterone acetate

[Review](#) > [Dermatol Ther \(Heidelb\)](#). 2021 Oct;11(5):1457-1468.

doi: 10.1007/s13555-021-00574-0. Epub 2021 Jul 7.

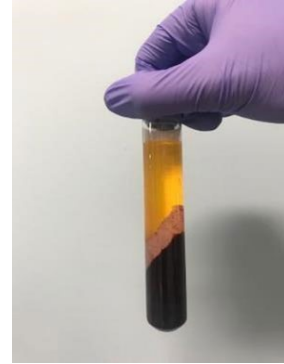
## **Dermatologic Care of Hair in Transgender Patients: A Systematic Review of Literature**

[Catherine C Motosko](#)<sup>1</sup>, [Antonella Tosti](#)<sup>2</sup>



# Hair: non-hormonal options

- Not FDA approved for hair growth but low-dose oral minoxidil is trending
  - Hypertrichosis may be desirable for some
- Photobiomodulation
- PRP



Oral minoxidil treatment for hair loss: A review of efficacy and safety

Michael Randolph <sup>1</sup>, Antonella Tosti <sup>2</sup>

Affiliations + expand

PMID: 32622136 DOI: 10.1016/j.jaad.2020.06.1009



# Hair: transplantation

- Hairline lowering
- Hair transplant
- Facial hair transplant
  - beard transplant
- Body hair transplant
  - chest/pubic hair transplant



# Hair: transplantation



Courtesy Ron Shapiro MD





# Gender Care: chest hair

- May be important for transmen/transmasuline patients
- 88% of 444 felt body hair was an important factor to contributing to positive self image
- $\frac{2}{3}$  reported it was part of sexual expression
- Back/genital less so
- Case: minoxidil

## Body Hair and Identity in Transgender Men: A Cross-Sectional Survey

James T. Pathoulas BA,<sup>\*</sup> Chloe J. Walker MD,<sup>\*</sup> Kelly E. Flanagan MS,<sup>\*</sup> Isabel M. Pupo Wiss BS,<sup>\*</sup>  
Dustin Marks MD,<sup>\*</sup> Maryanne M. Senna MD<sup>\*</sup>



# Case Example

- Upper 30s
- Sex assigned at birth male, legal sex female
- Receiving facial hair removal
- Discussion
  - minoxidil 2.5 mg PO qdaily
  - minoxidil 5% foam to BID
  - LLLT
  - Dutasteride
  - Transplantation



# Hair removal: patient assessment

- Reason for hair removal
- Medical or cosmetic purpose
- Patient expectations
- Hair location
- Skin type
- Hormonal status
- Anesthetic topical



# Hair: endpoints



# Conclusion

- LGBT+ procedural care and representation has room for growth
- Inclusivity should be considered with topical lines
- Literature focused on injectable practices is limited
- Surgical intervention is an option
- Hair growth/removal is core to gender related patient care



# Thank you to my team!

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