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Actas Dermo-Sifiliográficas

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Letter to the Editor

Reply: “Reply: Transgender Population: Skin Signs”

*Réplica: «Réplica: Población trans: manifestaciones en piel»*

To the Editor,

We read with great interest the response by D. Ramos Rodríguez et al. to our article “Transgender population: skin signs”.¹ We fully agree with the authors on the need to decentralize dermatological care for transgender patients. Unfortunately, the situation in Argentina underscores the urgency of this approach: the life expectancy of a transgender woman is 35 years, a figure dramatically lower than the 77 years reported for the general population, which requires active policies to reduce barriers to health care access for this group.²

We consider it essential that training in gender and diversity issues become a universal component of dermatology curricula. Although this topic has recently been incorporated into resident training and medical congresses, this progress remains gradual and still insufficient.³ Despite the growing interest within the dermatological community, experiences of violence and discrimination during many consultations continue to occur systematically and are sometimes even interpreted as natural within the collective.⁴

Regarding the use of hormonal contraceptives and isotretinoin in transgender men, we reiterate what was already stated in our article and, in agreement with D. Ramos Rodríguez et al., that the indication of contraceptives should be individualized according to each patient’s sexual practices and previous surgeries. We reiterate the need to prescribe them in those who have not undergone surgeries that alter their gestational capacity and who maintain vagina–penis intercourse, even if they receive hormone therapy and present amenorrhea.¹

Finally, although we recognize that there are no dermatoses exclusive to the transgender population, we maintain that the comprehensive

management of individuals undergoing hormonal treatment differs from that provided to cisgender individuals in terms of clinical presentation, pharmacological interactions, and therapeutic options. This is the precise meaning of our reference to “specific” dermatoses, which we consider to be merely a semantic difference from the perspective of D. Ramos Rodríguez et al. It is imperative that dermatology professionals join efforts to promote continuing medical education in transgender health with a humanistic, person-centered approach and to prevent negative experiences with the healthcare system from contributing to the morbidity and mortality of this population.⁴

Conflict of interest

The authors declare that they have no conflict of interest.

References

1. Kuperman-Wilder L, Orsi V, Cabral Campana L. Transgender population: skin signs. *Actas Dermosifiliogr.* 2024;115:T1063–T1064.
2. Atención de la salud integral de personas trans, travestis y no binarias. Guía para equipos de salud 2020. Ministerio de salud de la Nación. 2ª edición.
3. Jia JL, Nord KM, Sarin KY, et al. Sexual and gender minority curricula within US dermatology residency programs. *JAMA Dermatol.* 2020;156:593–594.
4. da Cruz Leal G, de Barros Silva Júnior JN, Ferreira QZ, et al. Institutional violence perpetrated against transgender individuals in health services: a systematic review of qualitative studies. *Int J Environ Res Public Health.* 2024;21:1106.

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<https://doi.org/10.1016/j.ad.2026.104643>