

## INTRODUCTION

- Sexual dysfunction among patients with primary ovarian insufficiency has been well reported
- However, the prevalence of these symptoms among patients with Turner syndrome is unknown.
- Turner syndrome is characterized by gonadal dysgenesis often necessitating puberty induction and estrogen replacement.
- These patients may have unique urogenital symptoms that can inform counseling and potential therapeutic interventions.

## OBJECTIVE

- To identify the prevalence of sexual dysfunction and satisfaction among patients with Turner Syndrome.
- We hypothesized that our cohort of patients would endorse less vaginal lubrication and more dyspareunia, given their gonadal dysgenesis, despite estrogen replacement.

## METHODS

- We distributed version 2 of the PROMIS® Sexual Function and Satisfaction v2.0 survey and the BIS survey
- Responses were collected between April 2021 and November 2024
- PROMIS: 26-items to assess interest in and satisfaction with sexual activities.
- BIS: 10-items to assess patient perception of appearance and whether this perception has changed due to their medical condition or since receiving treatment.
- Each participant is provided a t-score that compares their measure to the general population of sexually active females.

## RESULTS

Reported sexual interest compared to reference population:	N %	T-score
Endorsed sexual activity within the preceding 30 days	7 (58.3%)	51.3-57.4
Had significantly decreased sexual interest	3 (25%)	36.6
Endorsed significantly worse clitoral pain	1 (8.3%)	66.8
Less pleasure with orgasm	2 (16.7%)	39.3
Less perceived vaginal lubrication during sex	1 (8.3%)	37.1

- A total of 29 patients were enrolled in the clinic during the study period
- **28/29** patients were on systemic estrogen replacement (96.6%).
- Age ranged from 19-45 years old
- Twelve of 29 patients fully or partially completed the PROMIS survey, while 15 completed the BIS (response rate 41.4% and 51.7%, respectively).
- BIS responses noted that six (40.0%) participants reported feeling “**quite a bit**” or “**very much**” **self-conscious** about their appearance. These scores were higher among sexually active participants compared to the non-sexually active cohort (1.6 v. 1.1).
- 1/3 reported feeling “**quite a bit**” or “**very much**” **dissatisfied** with their appearance when dressed, with no differences in average score based on sexual activity (1.2 both cohorts).
- 1/3 reported **feeling less sexually attractive** as a result of their TS, with higher responses in higher in the sexually cohort (1.5 v 1.2).

## DISCUSSION & CONCLUSIONS

- Most patients **endorsed sexual dysfunction and satisfaction** profiles on par with their peers.
- Patients with Turner syndrome may **not** have a significantly higher incidence of sexual dysfunction compared to the general population.
- However, based on these preliminary data, it is **reassuring** that there is not a significantly higher rate of **dyspareunia, lack of sexual desire, or lack of vaginal lubrication** in this patient population.
- This study **addresses the gap** in understanding whether Turner syndrome patients’ different **urogenital system development** due to primary ovarian insufficiency prior to puberty, which often necessitates puberty induction, **impacts female sexual function**.