



# INFORMATION FOR AND ABOUT DES SONS

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What DES Sons and their doctors should know about lifelong risks of prenatal DES exposure. This can be a starting off point for a discussion on DES Son health concerns.

*DES (diethylstilbestrol) is a synthetic estrogen given as an anti-miscarriage drug to millions of pregnant women, primarily from 1938-1971, but not limited to those years. Male offspring from those pregnancies are known as DES Sons.*

## Increased Risk for Structural Changes

“Urogenital Abnormalities in Men Exposed to Diethylstilbestrol in Utero: A Cohort Study,” Palmer et al. *Environmental Health* 2009; 8:37 (<http://www.ehjournal.net/content/8/1/37>)

- **Epididymal Cysts**—benign fluid filled sacs that can be painful and if so these growths may be deemed appropriate for surgical removal
- **Cryptorchidism**—undescended testicles – can result in an increased risk for *testicular cancer*—so any man with the condition, DES-exposed or not, should be vigilant about practicing testicular self-exam
- **Microphallus** (micropenis)—has no impact on fertility, although it can have pscho-social significance
- **Testicular Inflammation/Infection**—researchers speculate that some DES Sons were born with a small structural abnormality, such as a minor obstruction could explain their higher inflammation/infection risk

## Infertility

“Reproductive Outcomes in Men with Prenatal Exposure to Diethylstilbestrol,” Perez et al. *Fertility and Sterility*; Vol. 84, No. 6, Dec. 2005

- DES Sons are slightly more likely than unexposed men to experience infertility but most DES Sons appear able to father children

- No evidence found that infertility was greater in DES Sons with urogenital structural anomalies
- Needing further study is whether infertility issues for DES Sons increase with age

## Other Medical Conditions

“Medical Conditions Among Adult Offspring Prenatally Exposed to Diethylstilbestrol,” Troisi et al. *Epidemiology*; Vol. 24, No. 3, May 2013

- DES Sons join DES Daughters in this study as being at increased risk for:
  - Cardiovascular disease (stroke, coronary artery disease and heart attack)
  - Diabetes
  - Osteoporosis
  - Fractures

## Gender Issues

Endocrine disruptors are being examined in gender identity studies, but DES research has not found a conclusive DES link. One confounding thought now under investigation regards the layering of endocrine disruptive exposures, both prenatally and perinatally. Researchers want to understand *if* there is an association and then whether DES exposure might itself be the cause, or perhaps combined with other exposures be a trigger for variations.