

Pcos-A Diagnostic Dilemma Between Clinicalpresentation And Usg.

^{1*}Somani.M, ²Bahel.V, ³Sachdev.P.
Bhopal,Fogsi Society.

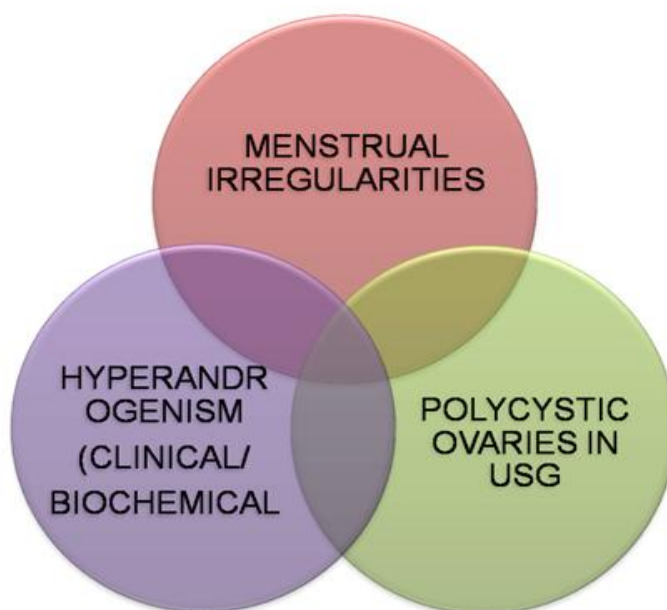
Keywords: Pcos,Anovulation, Hyperandrogenism., Polycystic Ovaries,Infertiliy.

Date of Submission: 24 -08-2017

Date of acceptance: 09-09-2017

I. Introduction

Polycystic ovarian syndrome is a multifactorial and polygenic condition, a heterogenous and complex endocrine disorder affecting women of childbearing age group (20-30% of cases) characterised by excessive androgen production mainly by the ovaries,which interferes with the reproductive, endocrine and metabolic functions.As per the Rotterdam's criteria(ASRM/ESHRE 2003),diagnosis is based upon presence of any two of the following three criteria :oligo/ anovulation ,hyperandrogenism(clinical/biochemical),polycystic ovaries(USG).



II. Objectives

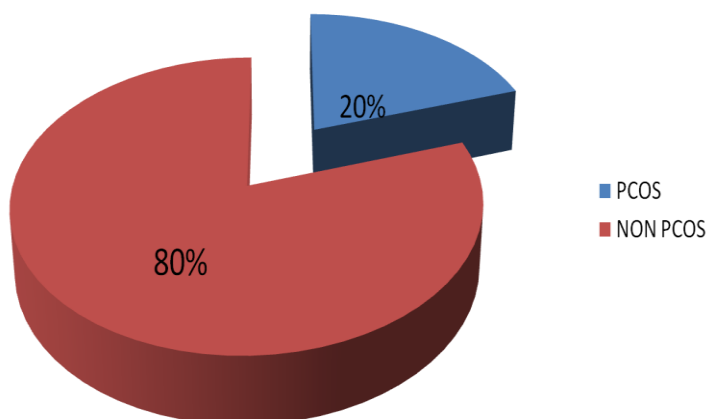
III.

- To evaluate the contradictory picture between clinical presentation and ultrasonography in cases of PCOS.
- To improve our perception clinically towards the patient thereby improving the outcome.

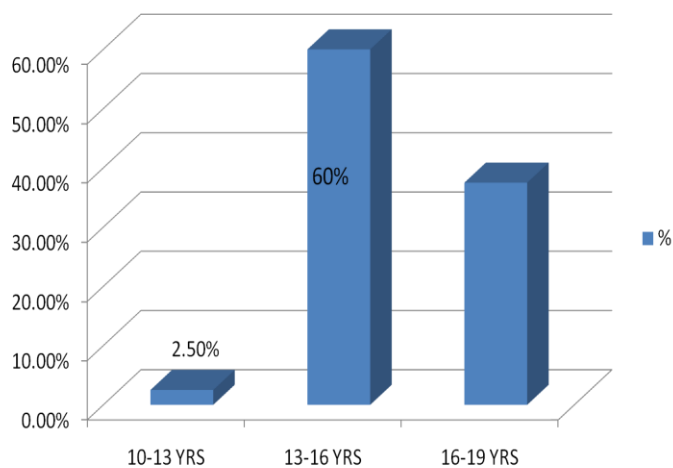
IV. Method

A study done of 40 adolescent girls in 1.5yr period at Kasturba hospital who came with varied presentation. Some with c/o menstrual irregularities since menarche or breakdown of normal menses, obesity, rapid weight gain, moderate to severe acne, hirsutism. USG done many of which showing picture suggestive of PCO-multiple follicles >12 of 2-9mm size and >10ml volume. Hormonal studies done with LH, FSH, TSH, Prolactin, Total and free serum Testosterone, 17alpha estradiol, DHEAS, fasting blood sugar, fasting serum insulin, fasting lipid profile.

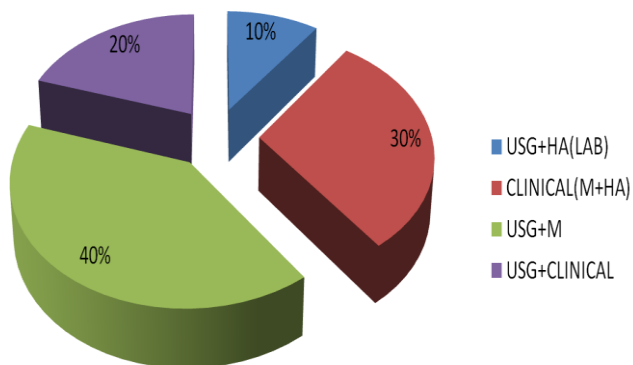
V. Observations Prevalence of PCOS



Age Wise Distribution Of pcos in adolescents

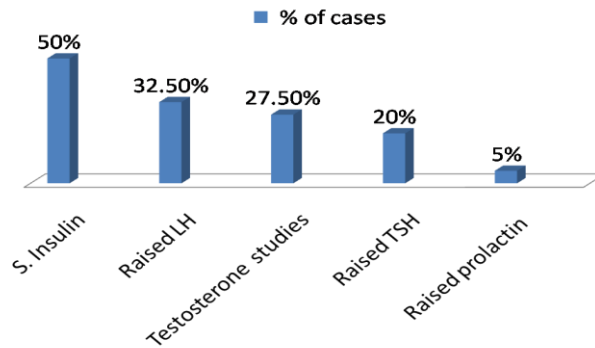


Presentation in PCOS

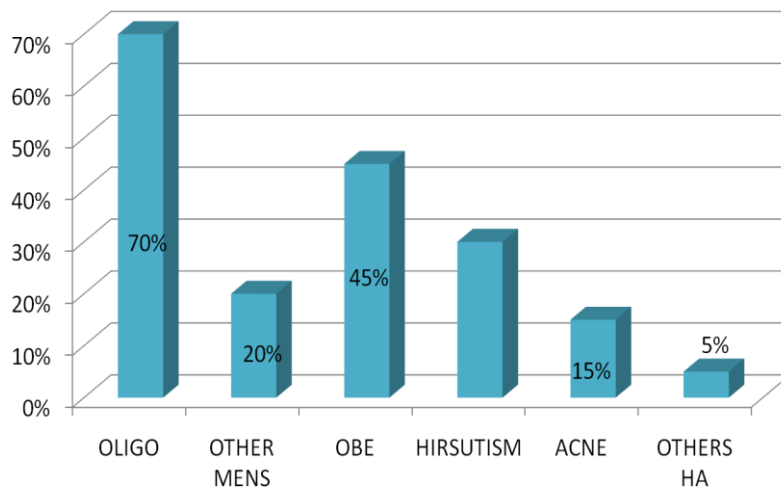


HA: HYPERANDROGENISM M: MENSTRUAL ABNORMALITY, CLINICAL: CLINICAL FEATURES, USG: ULTRASOUND

Lab. FindingsOf PCOS



Clinical Findings In PCOS



No. of cases	Findings:Clinical,Usg,Hormonal
4 cases	U + raised FI+ LH+ DHEAS/FT
8cases	M+ HA(4H+2A+2OTH) +U+ (3)O+ raised FI(2)+ (2)LH+ DHEAS(2)+ PRO(2)
12cases	M+ HA(8H+4A)+ O(5)+ raised FI(4)+LH(3)+DHEAS/FT(5)+TSH(4)
16cases	M+ U+ O(10)+ raised FI(10)+ LH(6)+ TSH(4)
Total 40 cases	M:Menstrual abnormalities,U:USG,HA:Hyperandrogenism,H:hirsutism,A:acne,OTH:other,O:oesity,FI:fasting serum insulin,FT:free testosterone,PRO:prolactin

VI. Result

- Out of 200 adolescent girls, 40 cases (20%) had PCOS fulfilling 2 of the 3 criteria of Rotterdam's.
- 15 cases (37.5%) were in the age group 16-19 yrs, 24 cases (60%) were b/w 13-16 yrs and 1 case (2.5%) was b/w 10-13 yrs.
- 8 cases (20%) were fulfilling all the 3 criteria of Rotterdam's, 12 cases (30%) were having only Clinical features, 16 cases (40%) were showing USG with menstrual abn. And 4 cases (10%) were having USG with lab findings of hyperandrogenism.
- Lab findings: fasting S. Insulin was found raised in 20 (50%) cases, raised LH levels with normal/decreased FSH level found in 13 cases (32.5%) and raised free testosterone/DHEAS/17a testo in 11 cases (27.5%), 8 (20%) showed high TSH and 2 (5%) showed high prolactin.
- Clinical presentation: menstrual abn. In 36 cases (90%) of which oligomenorrhea in 28 (70%) and 8 (20%) other menstrual abn., Obesity in 18 cases (45%) - 10 obese and 8 overweight, hirsutism: 12 cases (30%), acne/+hirsutism in 6 cases (15%) and other HA in 2 cases (5%).

VII. Conclusion

- There is a varied correlation between Clinical picture and USG in PCOS as clinical finding doesn't always co-occur with USG and vice versa.
- Age, Clinical presentation, PCO in USG, Lab. Findings are important factors in PCOS after ruling out other causes.
- Early diagnosis and management can significantly reduce the incidence of Short and Long term Complications.
- Improving the perception towards Clinical features of PCOS more than USG helps adolescent girls in rearing a healthy lifestyle.

References

- [1]. Moran LJ, Pasquali R, a position statement of the Androgen Excess and Polycystic Ovary Syndrome Society. *FertilSteril.* Dec 3 2008.
- [2]. PCOS, American College of Obstetric and Gynecologists (ACOG); 2009 bulletin; no. 108.
- [3]. Koulouri O, Conway GS. Management of hirsutism. *BMJ.* Mar 27 2009;338:b847.
- [4]. Nidhir, Padmalata, Nagarmutha, prevalence of PCOS in Indian adolescent.
- [5]. American Association of Clinical Endocrinologists position statement on metabolic and cardiovascular consequences of polycystic ovary syndrome. *EndocrPract* 2005-11

*Somani.M. "Pcos-A Diagnostic Dilemma Between Clinicalpresentation And Usg." *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)* 16.9 (2017): 05-08