Pcos-A Diagnostic Dilemma Between Clinical Presentation And Usg.

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I. Introduction

Polycystic ovarian syndrome is a multifactorial and polygenic condition, a heterogeneous 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

- 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.

III. 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 estadiol, 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. Findings Of PCOS

Clinical Findings In PCOS

<table>
<thead>
<tr>
<th>No. of cases</th>
<th>Findings: Clinical, Usg, Hormonal</th>
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<tbody>
<tr>
<td>4 cases</td>
<td>U + raised FI + LH+ DHEAS/FT</td>
</tr>
<tr>
<td>8 cases</td>
<td>M+ HA(4H+2A+2OTH)+U+ (3)O+ raised FI(2)+ (2) LH+ DHEAS(2)+ PRO(2)</td>
</tr>
<tr>
<td>12 cases</td>
<td>M+ HA(8H+4A)+ O(5)+ raised FI(4)+ LH(3)+ DHEAS/FT(5)+ TSH(4)</td>
</tr>
<tr>
<td>16 cases</td>
<td>M+ U+ O(10)+ raised FI(10)+ LH(6)+ TSH(4)</td>
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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 oligomenorrheain 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-incide 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.

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