

Polycystic Ovary Syndrome

fertility
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What are polycystic ovaries (PCO)?

Ovaries that:

- are slightly larger than average
- contain a characteristic pattern of small peripheral follicles
- have more connective tissue (stroma) than average, which in turn produces weak male type hormones (androgens)

A Normal Ovary



A Polycystic Ovary



This pattern can be diagnosed on pelvic ultrasound.

Sometimes PCO is found in symptomless women. The significance of this finding alone is unclear.

What is the Polycystic Ovary Syndrome?

PCO (as described above), plus symptoms (see below) and/or abnormal hormone levels. Other metabolic conditions such as glucose intolerance or frank diabetes, high blood pressure, and cholesterol elevation are more commonly seen in PCOS than in normal women.

Symptoms of PCOS

Irregular periods

Menstrual periods may be irregular, heavier than usual or prolonged. They may occur after long intervals of time or in some women not occur at all. This is because ovulation does not occur regularly.

Acne and unwanted body hair

The blood level of the male hormone testosterone may be slightly higher in women with the polycystic ovary syndrome than in other women and this causes acne, greasy skin and unwanted hair growth on the face, chest and abdomen.

Treatment of PCOS

Irregular periods

For women with polycystic ovary syndrome that have no wish to become pregnant, menstrual periods may be controlled by a low dose oral contraceptive pill. Women who cannot take the pill should try a progestogen-only treatment (for example Provera or Primolut N) for 12 days each month. Any irregular bleeding should be checked by a doctor who may advise an ultrasound scan or curettage. A pap smear should be taken at least once every two years. It is important to treat very irregular periods to prevent abnormalities of the uterine lining.

Infertility

Weight loss in overweight women, agents to induce ovulation, and laparoscopic surgery to the ovaries can help restore ovulation in appropriate women. Fertility can be achieved in the majority of anovulatory women. Conversely, PCOS women need contraception if they do not desire pregnancy.

Skin Problems

Acne and unwanted body hair may be reduced by taking a combination of tablets. Oestrogen (as found in the oral contraceptive pill) either alone or in combination with an antiandrogen tablet (usually spironolactone or

cyproterone acetate) may be very helpful, but needs to be taken for some months to obtain significant benefit. This therapy is of course contraceptive and therefore is of no use to those trying to conceive. Other antiandrogens are also occasionally used. Waxing and electrolysis may be used to remove unwanted hair while waiting for the hormone treatment to work. However, these should be performed by a trained therapist as scarring can result from unskilled treatment. If the skin problem is related to the polycystic ovary syndrome, hormone treatment is the logical solution.

Long Term Health and PCOS

Infrequent periods may be associated with an increased risk of cancer of the womb (endometrium).

PCOS women are more likely to be insulin resistant, especially if overweight (BMI >25) and this in turn can be associated with elevated insulin levels, diabetes, raised blood pressure, cholesterol and perhaps heart disease, particularly if there is a family history of heart disease or diabetes.

Treatment

Lifestyle modifications such as smoking cessation, maintenance of weight in the normal range and regular daily exercise will all help preserve fertility and minimise symptoms. Long-term use of a contraceptive pill will help many women. Insulin sensitising agents are potential agents for the future. Weight, blood pressure, fasting glucose and lipids should be checked regularly (i.e. 2 yearly) especially in PCOS women who are overweight and/or have a family history of diabetes.

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