



## MANAGEMENT OF ADOLESCENT PCOS - A REAL CHALLENGE

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PCOS in Adolescents is increasing alarmingly throughout the world and it is now most common endocrine disorders. Though Stein Leventhal described PCOS was associated with amenorrhea, obesity and hirsutism but in recent years PCOS is seen with enormous metabolic disturbances with long term consequences, like infertility, hypertension. Diabetes, cardiovascular disease, metabolic syndrome and endometrial carcinoma. Young girls are not mature enough to understand the depth of the disease so they are reluctant to have treatment. Again there is no consensus about how to diagnose PCOS in adolescence. The notion is to delay until 2years after menarche and all elements of Rotterdam consensus are required (not two out of three) as diagnosis could be confusing for diversity of sig/symptoms. Under diagnosis is common, CAH, Cushing'syndrom, androgen producing tumor should be excluded.

Irregular period and unpredictable bleeding is real bothersome symptoms. Obesity, acne, hirsutism, acanthuses nigricans (Hyperandrogenism) produces tremendous psychological stress. They feel embarrassed, frustrated and low self esteem. The poor body image makes them socially, psychologically and physically crippled. Investigations includes all the differential diagnosis.

Treatment of PCOS is not curative, it aims controlling symptoms and prevent complications. Although recognizing PCOS in Adolescent is inherently challenging, early identification and treatment will help to lead a quality life. Obesity is the main culprit for physical and psychological morbidities. Lifestyle modification with weight reduction is the cornerstone of treatment. Even 5 – 10 % reduction of weight can restore the metabolic parameters. But for this, strong motivation is required. OCP is the 1st line therapy for AUB. Insulin sensitizer- metformin is well tolerated and reverse back the metabolic syndrome. For hyperandrogenism specially for hirsutism Physical treatments or local use of eflornithine are effective. Medical treatment includes cyproterone acetate, OCP and spironolactone are also effective. Finasteride and fluamide have much adverse effects.

For adolescent PCOS, tender loving care with multidisciplinary approach is very important. Doctors must have not only adequate knowledge but they need to be sympathetic and kind to these young, sensitive girls. Many questions remain to be answered, more research, are required to address this burning issue.

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