



P13. MANAGEMENT OF PCOS IN CHILDHOOD

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Polycystic ovary syndrome (PCOS) is recognized as the most common endocrinopathy in reproductive aged women. It is difficult to make a diagnosis of PCOS in Childhood because characteristics of normal puberty often overlap with signs and symptoms of PCOS. In Children, the most common presenting features of PCOS include, menstrual irregularity and or androgen excess , Acanthosis nigricans and abdominal obesity. Elevated risk of premature cardio-vascular dysfunction, cardio-vascular disease, lipid abnormalities have also been reported in PCOS. In Paediatric population, Suggested investigations are, total & free testosterone, LH FSH ratio, serum prolactin, fasting lipid profile, OGTT two hours after 75 g glucose load and USG. For exclusion of other disease, thyroid function test, DHEA-S, 17 hydroxy progesterone for exclusion of CAH should be done. Management of PCOS in Paediatric group, should be directed to–life style modification . Daily strict physical activity sessions for at least 30 min/day or 150 min/week are recommended. A multidisciplinary team approach including psychologist and dieticians is advocated. Insulin sensitizers such as metformin, thiazolidinediones myo-inositol and dichiroinositol can be used in selective cases, Menstrual irregularities should be treated by cyclic administration of micronized progesterone or low dose COCs containing drospirenone, desogestrel. For androgen excess- low dose COCs, anti androgen like spironolactone, cryptorene acetate with low dose COCs are useful. Flutamide, finisteride may be prescribed. PCOS is an important emergent health problem. The current epidemic of childhood obesity may increase the severity of PCOS. Physician must take care to address all the associate sequelae of the disorder, both reproductive and cardio metabolic.

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