

بسم الله الرحمن الرحيم





شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

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بالرسالة صفحات لم ترد بالأصل



The Frequency of Androgen Excess in a Cross of Egyptian Women With Polycystic Ovary Syndrome

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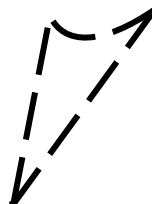
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List of Contents

Introduction.....	
Aim of the work.....	
Review of literature	
- Polycystic ovary syndrome.....	
- Physiology of androgen synthesis and metabolism.....	
- Hyperandrogenism.....	
Subject and methods.....	
Results.....	
Discussion.....	
Conclusion and recommendations.....	
References.....	
Arabic summary	

Abbreviations

PCOS	polycystic ovary syndrome
T	testosterone
A	Androstendione
E1	oestrone
E2	oestradiol
LH	leutinizing hormone
FSH	follicle stimulating hormone
DHEA	dehydroepiandrosterone
DHEAS	dehydroepiandrosterone sulfate
IGFBP-1	Insulin –lik growth factor binding protein -1
NCAH	nonclassical adrenal hyperplasia
ESHRE	European Society of Human Reproduction and Embryology
ASRM	American Society for Reproductive Medicine
DM	Diabetes Mellitus
IRS	insulin receptor substrate
IGF	insulin like growth factor
IR	insulin resistance
GnRH	gonadotrophin releasing hormone
SHBG	sex hormone binding globulin
ACTH	adrenocorticotrophic hormone
HSD	hydroxysteroid dehydrogenase
EGF	epidermal growth factor
TGF	transforming growth factor
GH	growth hormone
5 α R	5 alpha reductase
VNTR	Variable number of tandem repeats
NCEP	National Cholesterol Education Program
LDL	low density lipoprotein
HDL	high density lipoprotein
CAH	congenital adrenal hyperplasia
NIH	National Institute of Health
BMI	Body Mass Index
OCP	oral contraceptive pills
DHT	dihydrotestosterone
3 α AG	3 alpha androstandiol glucuronide
FAI	Free Androgen Index

List Of figures

Figure		Page
Figure (1)	Pathways leading to androgen excess in PCOS	15
Figure (2)	Increased peripheral cortisol metabolism as a proposed mechanism for the development of PCOS	33
Figure (3)	Androgen production in normal female	88
Figure (4)	Distribution of the studied cases as regard regularity of the menstrual cycle.	119
Figure (5)	Distribution of the studied cases as regard hyperandrogenemia	120
Figure (6)	Distribution of the studied cases as regard hirsutism	121
Figure (7)	Distribution of the studied cases as regard baldness	122
Figure (8)	Distribution of the studied cases as regard acne	123
Figure (9)	Distribution of the studied cases as regard dyslipidemia	124
Figure (10)	Distribution of the studied cases as regard acanthosis	125
Figure (11)	Distribution of the studied cases as regard history of infertility	126
Figure (12)	Distribution of the studied cases as regard family history of diabetes mellitus	127
Figure (13)	Distribution of the studied cases as regard family history of hypertension.	128
Figure (14)	Distribution of the studied cases as regard family history of coronary heart disease	129
Figure (15)	ROC curve	131

List Of Tables

Table		Page
Table (1)	Clinical features of polycystic ovary syndrome.....	39
Table (2)	Diagnostic criteria of insulin resistance syndromes.....	43
Table (3)	Differential diagnosis and screening tests.....	49
Table (4)	Revised diagnostic criteria of PCOS	56
Table (5)	Summary of 2003 PCOS consensus regarding screening for metabolic disorders.....	56
Table (6)	Management options for polycystic ovary syndrome	59
Table (7)	Dose titration and safety issues with the use of metformin.....	62
Table (8)	Effects of various therapies on serum testosterone, hirsutism and menstrual function in PCOS.....	79
Table (9)	P450 enzymes involved in steroidogenesis.....	82
Table (10)	Difference between luteoma of pregnancy and hyperreactioluteinalis.....	102
Table (11)	Demographic data of the study.....	118
Table (12)	Distribution of the studied cases as regard regularity of the menstrual cycle.....	119
Table (13)	Distribution of the studied cases as regard hyperandrogenemia.....	120
Table (14)	Distribution of the studied cases as regard hirsutism.....	121
Table(15)	Distribution of the studied cases as regard baldness.....	122
Table (16)	Distribution of the studied cases as regard acne	123
Table(17)	Distribution of the studied cases as regard dyslipidemia...	124
Table (18)	Distribution of the studied cases as regard acanthosis nigricans.....	125
Table (19)	Distribution of the studied cases as regard history of infertility.....	126
Table (20)	Distribution of the studied cases as regard family history of Diabetes Mellitus.....	127
Table (21)	Distribution of the studied cases as regard family history of hypertension.....	128

Table (22)	Distribution of the studied cases as regard family history of coronary heart disease.....	129
Table (23)	Correlation between SHBG and total testosterone versus other variables.....	130
Table (24)	Sensitivity, specificity, PPV, NPV and accuracy of SHBG, total testosterone and FAI in prediction of PCOS.	131



Introduction

& Aim of the Work

INTRODUCTION

Polycystic ovary syndrome (PCOS) is one of the major causes of adolescent hyperandrogenism and menstrual disorders. It was first described in 1935, by Stein and Leventhal as a hormonal syndrome found in anovulatory women who also had enlarged multicystic ovaries and hirsutism. They established their hypothesis after noticing that some of their patient recovered their normal menstruating cycles after ovarian biopsies. (*Zawadzki et al., 1992*)

In April 1990, The National Institute of Health in the United States (NIH) suggested that the diagnosis of PCOS rested on two main features:

- 1- Hyperandrogenism (either biochemical or clinical)
- 2- Chronic oligoanovulation

Clinical signs such as hirsutism are considered sufficient evidence of hyperandrogenism even in the face of apparently normal androgen level (*Balen et al., 1999*).

In 1999, Kondal et al., defined PCOS according to the following criteria of the Japan Society Of Obstetrics and Gynecology:

Amenorrhea or oligoamenorrhea with or without hirsutism , high plasma level of Luteinizing hormone (LH), bilateral normal or enlarged ovaries with multiple small cysts as assessed by transvaginal ultrasonography (*Chang et al., 2005*)

Later, Balen et al. specified the ultrasonic finding of PCOS to include:

- Presence of more than 10 cysts (2-8mm in diameter) scattered around or through an echodense thickened central stroma in addition to the presence of one of the following criteria:
 - Oligo/amenorrhea with positive progesterone withdrawal bleeding. .
 - Hirsutism/acne, obesity.
 - Raised LH/FSH ratio > 2
 - Raised circulating androgens (*Carmina et al., 2006*)

Most recently, an expert conference sponsored by the European society of Human Reproduction and Embryology (ESHRE) and the American Society for Reproductive Medicine (ASRM) held in Rotterdam in May 2003, proposed new criteria