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بسم اللّه الرحمن الرحيم

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التوثيق الالكتروني والميكروفيلم

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التوثيق الإلكتروني والميكروفيلم

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بعض الوثائق الأصلية تالفة

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بالرسالة صفحات
لم ترد بالأصل

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

thesis
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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
5αR	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
3αAG	3 alpha androstandiol glucuronide
FAI	Free Androgen Index

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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 homone (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