

3rd World Congress on

POLYCYSTIC OVARIAN SYNDROME

November 15-17, 2017 | San Antonio, USA



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Polycystic ovary syndrome and anovulatory infertility, an evolving strategy

The polycystic ovary syndrome (PCOS) accounts for approximately 80% of women with anovulatory infertility. Various factors influence ovarian function and fertility is adversely affected by an individual being overweight, the degree of hyperandrogenism and having elevated serum concentrations of LH. Interestingly, a Finnish study showed that whilst women with PCOS may take longer to conceive but their lifetime fertility is not impaired and they may display sustained fertility with advancing age as compared with infertile eumenorrheic women. For those who do present with anovulatory infertility, the principles of therapy are first to optimize health before commencing treatment and then induce regular unifollicular ovulation, whilst minimizing the risks of OHSS and multiple pregnancy. Weight loss, in those who are overweight, should improve the endocrine profile, the likelihood of ovulation and a healthy pregnancy and the response to ovulation induction therapy. Strategies to induce ovulation include first weight loss, then drugs to induce ovulation with conventional first line therapy being oral antiestrogens (principally clomiphene citrate (CC)), parenteral gonadotropin therapy and laparoscopic ovarian surgery. Anovulation associated with PCOS has long been known to be amenable to surgical treatment, and a long-term cohort study has shown persistence of ovulation and normalisation of serum androgens and SHBG up to 20 years after laparoscopic ovarian electrocautery in over 60% of subjects, particularly if they have a normal BMI. While initial studies appeared to be promising, more recent large randomised controlled trials have not observed beneficial effects of metformin either as first-line therapy or combined with clomifene citrate for the treatment of the anovulatory woman with PCOS. There is interesting new data on improved efficacy using aromatase inhibitors compared with CC. *In vitro* fertilization (IVF) may be required for women with anovulatory PCOS who do not conceive with ovulation induction or if there are other fertility factors such as tubal damage or male factors.

Data on the role of Myo-inositol in ovulation induction will be presented

Biography

Mr Radwan Faraj is a consultant obstetrician and gynaecologist and has been in the speciality for the last 15 years. He was the medical director of IVF unit in Muscat and had the first IVF baby in the Sultanate of Oman.

Mr Faraj is the lead of infertility Unit in Rotherham and had a wide experience in the management of infertile couples. He has a special interest in recurrent pregnancy loss, gynaecology scanning, endometriosis and polycystic Ovary syndrome.

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