

# Polycystic Ovarian Syndrome Conference

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## PCOS and infertility treatment

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Regardless of the diagnostic criteria used, the management of polycystic ovary syndrome (PCOS) includes treatment of individual components of the syndrome (hirsutism, oligomenorrhea, infertility, obesity and glucose intolerance), depending upon the patient's goals. It is important to complete a basic evaluation of the couple before initiating therapy in an infertile woman, including a semen analysis of the male. Weight loss should always be attempted prior to initiating ovulation induction because ovulation can be restored with a modest amount of weight loss. If unsuccessful, a multi-step approach to ovulation induction is then undertaken. For women with PCOS who desire pregnancy, first recommend weight loss if the woman is overweight or obese (Grade 1B). If they are unable to lose weight or modest weight loss does not restore ovulatory cycles, suggest initiating ovulation induction with clomiphene citrate for women with a BMI <30 kg/m<sup>2</sup> and letrozole for those with a BMI ≥30 kg/m<sup>2</sup> (Grade 2B). Laparoscopic surgery has been abandoned, both because of the efficacy of clomiphene and because of the high incidence of pelvic adhesions seen with wedge resection. A substitute for wedge resection, laparoscopic ovarian laser electro-cautery, may be effective in some women with PCOS. If weight loss is seen and ovulation induction with medications or laparoscopic ovarian laser electrocautery is unsuccessful, the next step is *in vitro* fertilization. Women with PCOS are at increased risk for both multiple gestation and OHSS.

## Biography

Wanakan Singhasena is a Graduate of Chulalongkorn University, Thailand. She is a Reproductive Endocrinologist practicing at Vejthani ART Center in Bangkok, Thailand. She has completed her Residency in Obstetrics and Gynecology and fellowship in Reproductive Medicine at Chiang Mai University, Thailand. She is the Director of Vejthani ART center.

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