

2<sup>nd</sup> World Congress on

# Polycystic Ovarian Syndrome

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## Properly addressing a patient's weight is a necessary component to treat PCOS patients in infertility settings

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Polycystic ovary syndrome (PCOS) is a common endocrine disorder found in reproductive age women. Although the cause is uncertain, it is hypothesized that insulin resistance (IR), and then compensatory hyperinsulinemia, is responsible for generating many of the hormonal and metabolic abnormalities found in this subset of patients. High levels of insulin potentiate ovarian androgen production, resulting in a disordered ovarian environment which is detrimental to folliculogenesis and, therefore, ovulation. In addition, it generates the clinical and/or serum signs of hyperandrogenism that affect many of these patients and can contribute to a decreased quality of life. Interventions which reduce insulin resistance, then, can improve the metabolic, reproductive and psychological consequences of PCOS. More than half of patients with PCOS are overweight or obese. Excess weight (particularly abdominal obesity) is closely linked to IR. Abdominal adipose cells are metabolically active and contribute to insulin resistance and chronic inflammation. Therefore, weight management is crucial to patients with PCOS. For many clinicians, discussing weight in their practice can be so uncomfortable that it is not done properly or at all. Clinicians must overcome this discomfort in order to discuss weight in the office setting in a sensitive manner while still underscoring the importance of weight loss or maintenance. Reproductive endocrinology (RE) offices should also strongly consider partnering with an experienced nutritionist or dietician, particularly one with an endocrine background. Finally, since PCOS is a heterogeneous condition, a multidisciplinary approach is best. In addition to a nutritionist, clinicians need to form and cultivate a referral network of complimentary care providers.

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## Endometriosis in PCOS patients; the call we missed

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PCOS (Polycystic Ovary Syndrome) and endometriosis might be superimposed by each other. The prevalence of both diseases coexistence varies enormously according to authors. Subtle forms of endometriosis do exist, putting it in the front between IVF treatment seeking patients but having it associated with PCOS, complicates the treatment options. Do subtle forms of PCOS exist? Accurate diagnosis of the case is the key of successful treatment, although treatment modality of PCOS is different from endometriosis. Understanding both diseases and treating them in one case seeking IVF treatment is an endless tunnel. Here we elucidate the typical image for such cases, presenting the treatment options and finally ending up with the optimum treatment.

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