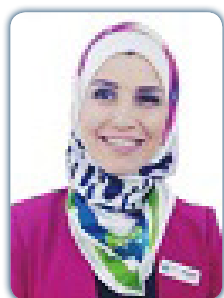


8<sup>th</sup> World Conference on  
WOMEN'S HEALTH AND BREAST CANCER  
&  
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POLYCYSTIC OVARIAN SYNDROME AND FERTILITY  
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### Disorders of puberty and polycystic ovary syndrome

Polycystic Ovary Syndrome (PCOS) is a heterogeneous familial disorder characterized by chronic anovulation and hyperandrogenism (clinical and/or biochemical). This multi-system, polygenic, multi-factorial disorder is associated with an increased risk for metabolic abnormalities such as type II diabetes mellitus. Signs and symptoms of PCOS often emerge during the peri-pubertal years with premature pubarche being the earliest manifestation for some girls. Central obesity, insulin resistance and hyperinsulinemia are important pathophysiological features that are common to both premature pubarche and PCOS. Increasing evidence suggests that PCOS arises as a complex trait with contributions from both heritable and non-heritable factors. Polycystic ovaries appear to be transmitted as a dominant trait, usually asymptomatic but often accompanied by a subclinical PCOS type of ovarian dysfunction. Risk factors such as premature pubarche, obesity, ethnicity and family history may be helpful. The evaluation of the adolescent with suspected hyperandrogenism or PCOS must be individualized depending on the symptoms and examination findings. Treatment must be individualized, too and often requires a multidisciplinary approach.

### Biography

Dalida Omar Badla has completed her MBBS from Faculty of Medicine, Damascus University and has certificate of Specialist Registration in Obstetrics and Gynecology from Ministry of Health of Syria. She has completed her master degree from University Hospital of Aleppo, Syria and also Diploma in Minimal Access Surgery from World Association of Laparoscopic Surgeons and a Fellowship in Assisted Reproductive Technology from International Association of Assisted Reproductive Technology at WLH, NCR Delhi. She is currently a Specialist of Obstetrics and Gynecology at Danat Al Emarat Hospital in Abu Dhabi, UAE.

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