

28th International Conference on

CHEMISTRY & DRUG DESIGNING

December 05-06, 2018 | Vancouver, Canada

Disorders of puberty and Polycystic ovary syndrome(PCOS)

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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 2 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 nonheritable 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 MBBS from the faculty of medicine of Damascus University, Syria in 1990 and had a certificate of specialist registration in Obstetrics and Gynaecology from Ministry of Health of Syria in 1994 then Master degree (MD) from University Hospital of Aleppo, Syria in 1995. Syrian Board in 2015. Diploma in Minimal Access Surgery D.MAS from World Association of Laparoscopic Surgeons in 2017. Fellowship in Assisted Reproductive Technology from International Association of Assisted Reproductive Technology at WLH, NCR Delhi in 2017. She is specialist of Obstetrics and Gynaecology at Danat Al Emarat hospital in Abu Dhabi, UAE.

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