

## Premature Ovarian Failure (POF): An Overview

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### INTRODUCTION

POF, premature ovarian failure syndrome, premature ovarian insufficiency, and early menopause are all terms used to refer to premature ovarian failure.

Simply stated, premature ovarian failure is early menopause. Menopause usually begins between the ages of 42 and 56 for most women. As per the observation, one in every 1,000 women in the age group of 15 to 29, and one in every 100 women in the age group of 30 to 39 is affected by POF. Early onset occurs at an average age of 27 years. In about 4% of the women who suffer from POF, a family history of the condition has been related.

Yes, indeed. Hot flashes, no period, and vaginal dryness are some of the symptoms that women with premature ovarian failure (POF) may experience. If a woman has POF, she will usually start having irregular cycles, which will eventually end. Premature Ovarian Failure can occur suddenly over a period of one to two months or steadily over a period of several years.

### CAUSES

It's not always possible to pinpoint why this disorder has grown. However, the following are some of the potential causes:

- Turner syndrome is an example of a genetic issue.
- Autoimmune disorders such as lupus, in which the body fails to recognize certain tissues and destroys them.
- Chemotherapy, radiotherapy, and other cancer therapies' side effects
- a variety of general illnesses, such as enzyme defects or viruses such as mumps.

### SYMPTOMS

Elevated cycle day 3 FSH or estrogen levels are another symptom of POF. Unfortunately, no clear cause is ever found in the majority of cases of POF. POF may be caused by pelvic surgery, chemotherapy, or radiation therapy, as well as uncommonly serious pelvic inflammatory disease. Accepting any infertility dia-

gnosis can be heartbreaking, but many women find that receiving a diagnosis of premature ovarian failure is especially difficult and distressing.

### TESTING

A blood test to see whether the ovary is producing estrogen and the pituitary gland is producing the hormones FSH and LH that activates the ovarian follicles is the first step in assessing a POF diagnosis. This is a strong indication of POF if the blood test shows elevated pituitary hormones and the ovary isn't releasing estrogen. A trans-vaginal ultrasound examination of the ovaries by a fertility specialist is another way to assess POF. The ovaries of POF patients are normally thin, with just a few follicles visible.

### TREATMENT

Unfortunately, if POF is diagnosed there is no proven mechanism for stimulating the ovaries. However, there are some therapeutic options available in some cases of POF. A fertility specialist may suggest one or more of the following:

- If you have untreated hypothyroidism, the doctor will suggest an individual to take thyroid medicine, and steroid treatment can be used in certain cases if related autoimmune disorders are discovered.
- Before attempting ovulation induction with human menopausal gonadotropins, a short course of estrogen replacement therapy can lower the FSH to an appropriate level. After priming with estrogen/progesterone replacement therapy, high dose human menopausal gonadotropins have resulted in pregnancy in a limited number of instances.

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