

## Complications Involved in Polycystic Ovary Syndrome

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### DESCRIPTION

In women of reproductive age, polycystic ovarian syndrome, or PCOS, is the most prevalent endocrine condition. Although it is crucial to highlight that this is an indication and not the underlying cause of the condition, the syndrome is named after the distinctive cysts that may develop on the ovaries.

It's possible for women with PCOS to have heavy or irregular periods, abundant hair, acne, pelvic pain, trouble getting pregnant, and patches of thick velvety skin. Hyperandrogenism, anovulation, insulin resistance, and neuroendocrine disturbance are the main features of this syndrome.

### PCOS complications

The most typical signs of this metabolic, endocrine, and reproductive illness include irregular or nonexistent periods, ovarian cysts, enlarged ovaries, increased androgen, weight gain, and hirsutism. Type 2 diabetes, obesity, obstructive sleep apnea, heart disease, mood problems, and endometrial cancer are all associated illnesses. The growth which is in the average range of 6 to 8 follicles per ovary each month to double, triple, or more is linked to this condition. A woman must have at least two of these three symptoms—PCO, Anovulation/Oligoovulation, and Hyperandrogenism—in order to have PCOS (the syndrome) as opposed to PCO (PolyCystic Ovaries). (Displaying Anovulation and Hyperandrogenism)

While researches are divided on whether visceral and subcutaneous abdominal fat is increased, unchanged, or decreased in women with PCOS compared to reproductively normal women with the same body mass index, it is common knowledge that they tend to be centrally obese. Whatever the case, it has been discovered that androgens, such as testosterone, androstano- lone (dihydrotestosterone), and nandrolone decanoate, enhance the deposition of visceral fat in both female animals and humans.

- **Menstrual disorders:** Although oligomenorrhea (fewer than nine menstrual cycles in a year) or amenorrhea (no menstrual periods for three or more consecutive months) are the most common menstrual disorders caused by PCOS, other types of menstrual disorders can also occur.

- **Infertility:** Chronic anovulation is typically the direct cause of this condition (lack of ovulation).

- **High levels of masculinizing hormones:** Also known as hyperandrogenism, it can cause hypermenorrhea (heavy, protracted menstrual periods), androgenic alopecia (increased hair thinning or diffuse hair loss), among other symptoms. The most common symptoms are acne and hirsutism (male pattern hair growth, such as on the chin or chest). According to the NIH/NICHD 1990 diagnostic criteria, hyperandrogenemia is present in about 75% of women with PCOS.

- **Metabolic syndrome:** This is characterised by a propensity for central obesity as well as other indications of insulin resistance, such as fatigue and food cravings. Women with PCOS have elevated serum levels of homocysteine, insulin, and insulin resistance.

- **Polycystic ovaries:** This condition cause the ovaries to expand and develop follicles that enclose the eggs. Ovaries may consequently stop working consistently as a result.

### Treatment

As of 2020, PCOS is incurable. Treatment plans sometimes include dietary and activity modifications. Birth control tablets may assist with acne, excessive hair growth, and period irregularity. Anti-androgens and metformin may also be helpful. It's possible to employ additional conventional acne treatments and hair removal methods. Metformin, clomiphene, and weight loss are all methods to increase fertility. Some people use *in vitro* fertilization when other options are ineffective.

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**Received:** 19-Aug-2022, Manuscript No. ATBM-22-19584; **Editor assigned:** 22-Aug-2022, PreQC No. ATBM-22-19584 (PQ); **Reviewed:** 06-Sep-2022, QC No. ATBM-22-19584; **Revised:** 13-Sep-2022, Manuscript No. ATBM-22-19584; **Published:** 21-Sep-2022, DOI: 10.35248/2379-1764.22.10.376

**Citation:** Mia S (2022) Complications Involved in Polycystic Ovary Syndrome. *Adv Tech Biol Med*.10:376

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