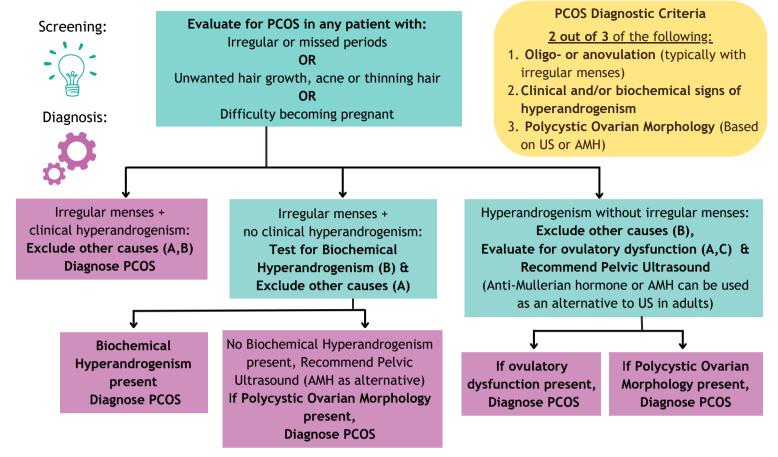


Polycystic Ovary Syndrome (PCOS) Screening & Diagnosis



Laboratory Evaluations:

- (A) Evaluation of irregular menses: Check TSH, prolactin, FSH
- **(B)** Evaluation of hyperandrogenism: Check total testosterone, DHEAS, 17-hydroxyprogesterone. If Cushingoid features, check urine free cortisol.
- (C) Evaluate for ovulatory dysfunction: Check progesterone level ~7days prior to 1st day of next menses

Irregular Menses	Can be normal in the first year post menarche = pubertal transition. > 1 to < 3 years post menarche: < 21 or > 45 days. > 3 years post menarche to perimenopause: < 21 or > 35 days or < 8 cycles per year. > 1 year post menarche > 90 days for any one cycle. Primary amenorrhea by age 15 or > 3 years post thelarche (breast development). Ovulatory dysfunction can still occur with regular cycles. If anovulation suspected test progesterone levels ~7 days prior to 1st day of next menses. Level >3 ng/ml indicates ovulation.
Hyperandrogenism	Clinical Hyperandrogenism: Hirsutism, Acne, Androgenic alopecia (male-pattern baldness) Biochemical Hyperandrogenism: Total testosterone > 45 ng/dl OR DHEAS > 250 ug/dl 17-hydroxyprogesterone > 200 ng/dL may represent nonclassic CAH
Polycystic Ovaries on Ultrasound	Polycystic Ovarian Morphology (PCOM) is defined as: 1) 20 or more follicles in one or both ovaries (on newer, more sensitive ultrasound machines) or Ovarian volume > 10ml on either ovary OR 2) Anti-mullerian hormone (AMH) > 4