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Title: Recent Advances in Ovulation Induction in PCOS .

Name: Kulvinder Kochar Kaur

Dr Kulvinder's Centre For Human Reproduction,721,GTB
Nagar,Jalandhar,Punjab,India

The definitions of PCOS have changed from the classic NIH definition to more inclusive Rotterdam's criteria (any 2 of the following 3 criteria after excluding etiologies like hyperprolactinemia, etc, clinical and/or biochemical androgen excess, oligo/anovulation and polycystic morphology on USG. Ovulation Induction in PCOS 1) CC acts by increasing serum FSH remains the first line of treatment. 2) Metformin - commonly used as an oral hypoglycaemic had been found to improve menstrual cyclicality, by reducing insulin levels and altering the effects of insulin on androgen biosynthesis, also potentially inhibits through a direct effect on inhibiting ovarian gluconeogenesis. Further allopregnanolone secretion is altered with no change in progesterone secretion in obese PCOS patients which gets corrected by metformin restoring normal steroid synthesis both from the ovary as well as the adrenal gland (Gennazzani). 3) Aromatase Inhibitors - letrozole/ anastrozole - banned in India, special interest was for getting monofolliculogenesis but Kasper et al show how under the false impression as many as sextuplets got born with 3rd cycle of 7.5 mg letrozole and hence careful monitoring needed even when planning an IUI. 4) Glucocorticoids - dexamethasone - used to induce by adding high dose short course to CC resistant PCOS with normal DHEAS - Enthusiasm has dampened by potential adverse effects on insulin

sensitivity.5)Gonadotrophins-2nd line of action,main drawback-multiple folliculogenesis,OHSS6)D chloroinositol-DCI is effective in restoring insulin sensitivityin obese hyperinsulinemics esp with diabetic relatives.7)Myoinositol,Kamanov etalin n=50 led to ovulation in 61.7%,38.3%- resistant.11/29(37.9%became pregnant .Of 18 R after CC addition 13(72.2%)ovulated of which 6(42.6%)became pregnant.8)In severely obese PCOS topiramate/exenatide,consideredin morbid obesity.9) Occasional extreme PCOS - >100 df /ovary -how successful OI/ pregnancy achieved isdiscussed.

Biography

K K- scientific director of DR Kulvinder's Centre For Human Reproduction.In1980 she topped in medicine in all medical colleges thereby getting the DR Devi Chand Gold medal from the late PM Indira Gandhibesides topping in all the MBBS subjects,Following that she reported the 40th case in world literature of hydrometrocolpos in Saudi Arabia,has been working in the field of neuroendocrinology to unearth the complexities of obesity. istrying to work on the neurophysiology of GnRH control, kisspeptins besides her endeavour to unearth the complexities of AIDS/Cancer –during this period she managed to successfully treat the first case of nongestational choriocarcinoma of uterine body in a young girl medically thereby preserving her fertility.