

## **Polycystic ovary syndrome is leading cause of infertility**

by Tina Smith

Hailed as the most common hormonal disorder among women of reproductive age as well as the leading cause of infertility, polycystic ovary syndrome or PCOS affects at least five percent of the total female population.

In most cases of PCOS, a woman's endocrine system overproduces androgens, such as testosterone. These male hormones are normally found in the ovaries in very small amounts. The imbalance shifts the menstrual cycle, causing chronic irregularities such as a longer span of time between periods or the absence of bleeding altogether. Subsequently, ovulation is disrupted and also may not occur at all for several consecutive months.

Eggs in a healthy ovary are surrounded by hormone-producing cells. These eggs and cells make up follicles, which accumulate fluid as the eggs mature and can be viewed on an ultrasound. The follicles are often referred to as "cysts." Slightly enlarged ovaries that contain numerous small follicles (undeveloped eggs) and overproduce androgens can indicate a polycystic condition. Unfortunately, ovaries also can appear polycystic when an imbalance does not exist, and not all ovarian cysts are due to a polycystic condition. The varied indicators of PCOS are often either overlooked or misdiagnosed.

Some victims of PCOS present only a few symptoms, but others have many, including:

- Excessive and increased body hair growth and distribution
- Thinning or loss of hair on top of the head
- Oily skin, acne, skin discolorations or eczema
- Deepening voice
- Breathing problems during sleep
- High cholesterol levels
- Elevated blood pressure
- Pain in lower abdomen and pelvis
- Obesity
- Depression

Studies have shown that women with PCOS also can experience insulin resistance, which prevents glucose from entering the cells. The body compensates by producing higher amounts of insulin, leading to a build-up in the blood and setting off the chain-reaction of hormones gone haywire.

Two additionally serious issues that may be faced by women with PCOS include: an increased risk of miscarriage, cited at three times the normal rate; and a greater chance of developing endometrial cancer due to the lining of the uterus not shedding regularly, which allows tissue to build up and become prone to cancerous changes.

No single test exists to confirm polycystic ovaries. The symptoms are inconsistent and can be subtle, and many physicians aren't sure how to fit all the pieces of the PCOS puzzle together. An example given by *ConceiveOnLine.com* is a woman with acne or unwanted hair growth who may use antibiotics or laser treatments without connecting her symptoms to a potential infertility problem. Similarly, a woman with irregular periods may take birth control pills to regulate her cycle but not realize that an underlying fertility challenge needs to be addressed.

In addition to carefully studying a woman's menstrual history, a reproductive specialist will order blood tests to check hormone levels and evaluate the ovaries through a pelvic exam using a transvaginal ultrasound. Before making a PCOS diagnosis, a doctor will look for specific criteria while ruling out other disorders such as low thyroid or adrenal gland tumors.

Losing weight, making diet changes, exercising, and taking medication to regulate menstruation or control blood sugar levels are some of the ways women have given their fertility a boost and conceived, despite having polycystic ovaries. See a specialist today if you think PCOS might be standing in the way of you starting your family.

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