

Review addresses diagnosis of PCOS in adolescents

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encouraged to make a provisional diagnosis, ensuring optimal management.

"Consensus has recently been reached by international pediatric subspecialty societies that otherwise unexplained persistent hyperandrogenic anovulation using age- and stage-appropriate standards are appropriate diagnostic criteria for PCOS in [adolescents](#)," Rosenfield writes.

More information: [Full Text \(subscription or payment may be required\)](#)

(HealthDay)—Unexplained persistent hyperandrogenic anovulation can be used to diagnose polycystic ovary syndrome (PCOS) in adolescents, according to a review article published online Nov. 23 in *Pediatrics*.

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Robert L. Rosenfield, M.D., from the University of Chicago Pritzker School of Medicine, summarizes recommendations for diagnosing PCOS in adolescents, and discusses their basis and implications.

Rosenfield notes that abnormal uterine bleeding can be indicative of anovulation. At least a 50 percent risk of persistence is predicted by continued menstrual abnormality in a hyperandrogenic adolescent for one year. Persistent elevation of serum testosterone above adult norms is the best indicator for hyperandrogenism. Moderate-severe hirsutism provides clinical evidence of hyperandrogenism. An indication to test for hyperandrogenemia is the presence of moderate-severe inflammatory acne vulgaris which is unresponsive to topical treatment. PCOS treatment is symptom-directed, with the preferred first-line medical [treatment](#) cyclic estrogen-progestin oral contraceptives. Persistence of hyperandrogenic anovulation for two or more years ensures the distinction of PCOS from physiologic anovulation, but early work-up is

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