

POLYCYSTIC OVARY

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The polycystic ovary, irrespective to its size, is an expression of a multiglandular disorder, e.g. adrenal etiology, hypothalamic dysfunction or an ovarian error of biosynthesis. The immediate consequence of a PO is anovulation. The treatment will consist either in ovulation induction, or in suppression of ovarian function with the "pill" and corticoids, if needed. However, should a future pregnancy be wanted, it is better to adopt a cyclic therapy with progestational steroids to avoid a possible damage of the hypothalamus, still opposing the chronic estrogen effect on the endometrium. PO is generally a component of the SLS when it is, too, an adrogenic ovary. In these cases there is higher risk for endometrial carcinoma that deserve careful attention. The use of anti-androgens may be recommended. The treatment of the usual PO syndrome is basically the very individualized treatment of anovulation and of hyperandrogenism, after a careful differential diagnosis to rule out undetected tumors that can coexist with similar symptomatology.