



PEDIATRIC AND ADOLESCENT GYNECOLOGY

Polycystic Ovary Syndrome (PCOS)

Polycystic ovary syndrome, or PCOS, is a common condition for teens and young people, impacting nearly 1 in 10 people with ovaries.

What is PCOS?

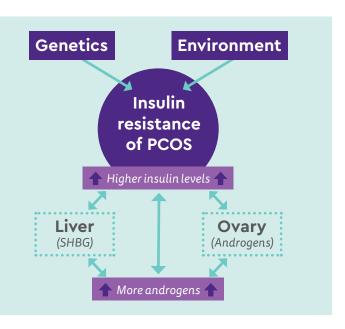
PCOS affects everyone differently and each person can have different symptoms. To be diagnosed with PCOS as a teen, you must have these 2 symptoms:

- 1. **Irregular periods due to irregular ovulation:** This can mean skipped periods, no periods at all or periods that come more often than every 3 weeks.
- 2. **Hyperandrogenism:** This means you have acne or hirsutism (extra hair on your face and body). If you don't have these concerns, PCOS can also be diagnosed because the level of androgen (one of the sex hormones) in your blood is elevated.

Sometimes PCOS can't be diagnosed because your lab results don't meet the requirements. When PCOS is suspected but the diagnosis isn't certain, you may be considered at-risk for PCOS. Lab work is the first step in diagnosing PCOS because there can be other causes of irregular periods and hyperandrogenism, and it's important to rule out these other causes. PCOS is diagnosed when the blood work is normal or shows a small to moderate increase in testosterone or other androgen hormones.

What causes PCOS?

While we don't know the exact cause of PCOS, doctors believe people with PCOS must have genetic (inherited) factors that cause the body to be insulin resistant (the body is less sensitive to insulin) and make more testosterone. Other interactions with hormones in the body can also cause higher levels of insulin and androgens. Once someone is diagnosed with PCOS, they should be tested for prediabetes, fatty liver disease and high cholesterol. PCOS can also be associated with mood issues like depression and anxiety, and sleep problems. Weight gain can also happen.

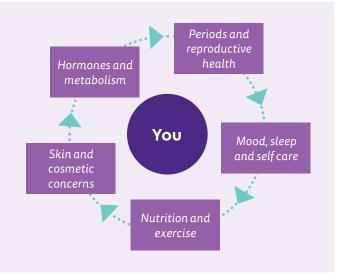


Does PCOS mean I have cysts on my ovaries?

- Not necessarily. Despite the name of the condition, PCOS refers to the way an ovary looks when someone doesn't ovulate regularly, or polycystic. People with PCOS can have ovarian cysts which are a growth or collection of fluid on the ovary that usually goes away on its own.
- Cystic-appearing ovaries can be normal for teens and should not be used to diagnose PCOS until someone has had a period for at least 8 years. People can have PCOS and not have cystic-appearing ovaries.

How is PCOS treated?

Everyone with PCOS is different, and doctors will work with you to decide what's next. Many different types of doctors can help with PCOS concerns, including endocrinology (hormone doctor), gynecology (reproductive system doctor), dermatology (skin doctor), adolescent (teen) medicine, psychology, lifestyle medicine, registered dieticians and your primary care team.



Options for managing periods with PCOS

When someone has PCOS, the ovaries don't release an egg (ovulate) each month. Without regular ovulation, there may be no periods, skipped periods, irregular periods or very heavy and long bleeding. There are treatments options that can help with symptoms and to keep your uterus healthy.

Will PCOS stop me from having children in the future?

No. People with PCOS can have children. Sometimes people with PCOS need medical treatments to help them ovulate so they can become pregnant.

Learn more



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