

## Gynecology case study #1

An 28 year old nulligravid patient came with her spouse to consult for inability to conceive for 3 years. She is an elementary school teacher, married to a 29 year old government employee. Her husband has no prior relationships. This is the first time that the couple consulted for their condition.

She has severe persistent acne since she was 18 years old, and has been on regular consultation with a dermatologist, who prescribed her with antibiotics and topical creams, which only provided her temporary relief. She has irregular menses occurring approximately 3-4 times a year. Her LMP was 2 months ago.

On physical examination, her BP=100/60, PR 80 bpm, RR 16 cpm, afebrile. BMI = 32. Modified Ferriman Gallwey (mFG) score= 12 (chest hair, facial hair, hair on thighs and lower abdomen). Examination of the head, neck, chest, abdomen and extremities are all normal. Speculum and Internal exam revealed normal findings.

She showed her laboratory results from her annual physical exam:

HDL Chol= 202 MG/DL Triglycerides= 65 MG/DL 75G OGTT: FBS= 130, 2h=180

Transvaginal ultrasound: Polycystic ovaries, bilateral; Normal uterus with endometrial thickness: 0.3 cm

### QUESTIONS:

- 1.What is your complete diagnosis? Defend your diagnosis (state basis)
- 2.What other laboratory work-ups does the couple need to undergo to investigate their condition?
- 3.Does the patient need to undergo ovarian reserve test at this time? Enumerate the indications for ovarian reserve test.
- 4.Discuss the pathophysiology of PCOS? Give differentia diagnosis
- 5.How will you manage this patient?