

عنوان مقاله:

Correlation of biochemical markers and clinical signs of hyperandrogenism in women with polycystic ovary syndrome ((PCOS) and women with non-classic congenital adrenal hyperplasia (NCAH

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خلاصه مقاله:

Background: Polycystic ovary syndrome (PCOS) is the most common cause of hyperandrogenism in women. Non-classic congenital adrenal hyperplasia (NCAH) is very close to PCOS. The diagnosis of hyperandrogenism is not based on the finding of decreased or increased levels of a single hormone. Objective: In our paper, we are going to test correlation between clinical signs and biochemical markers of hyperandrogenism. Materials and Methods: In this prospective study, we calculated free testosterone (cFT), bioavailable testosterone (cBT), free androgen index (FAI), free estrogen index (FEI), total testosterone (TT), sex-hormone binding globulin (SHBG), estradiol (E2), dehydroepiandrosterone-sulfat (DHEA-S), 17 α -hydroxyprogesterone (17 α -OHP), prolactin (P), C-peptid and homeostasis model assessment for insulin resistance (Homa-IR) were measured in two groups of young untreated women with PCOS and NCAH. Results: In our research, we did not find any significant differences between PCOS and NCAH groups by age, hormonal and calculated parameters of androgens. Waist to hip ratio (WHP) and body mass index (BMI) values were higher in the group of patients with PCOS than NCAH group. But in all patients we found positive correlation between hirsutism score and FAI, cFT, cBT, as well as we found negative correlation between hirsutism score and SHBG. We also tested hormonal and calculated parameters of androgens between PCOS patients by upper body and lower body obesity, but we did not find any significant differences. There was not any difference by the hirsutism score in these groups either. Conclusion: In our research we found that the calculated values of cFT, cBT and FAI are helpful for determinate hirsutism score in all hirsute patients, despite of ovarian or adrenal hyperandrogenemia.

کلمات کلیدی:

Hirsutism, Hyperandrogenemia, Free androgen index (FAI), Polycystic ovary syndrome (PCOS), Non-classic (congenital adrenal hyperplasia (NCAH

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