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Fig. 3.4: USG showing pearl necklace appearance of PCOS



Fig. 3.5: Different criteria for PCOS

None of the criteria addressed insulin resistance and metabolic manifestations.

PCOS definition NIH criteria 1990	Rotterdam criteria 2003 (ESHRE/	AES criteria (2006)
Patient demonstrates both:	ASHRM)	Patient demonstrates both:
1. Clinical and/or biochemical signs of hyperandrogenism	Two of the following three manifestations:	 Hirsutism and/or hyperandro- genemia (clinical or bio- chemical)
2. Oligo- or chronic anovulation	 Irregular or absent ovulation Hyperandrogenism (clinical or biochemical) Polycystic ovarian morphology on USG 	2. Oligo-/anovulation and/or poly- cystic ovarian morphology <i>Azziz et al. JCEM 2006; 91:4237–45</i>
Exclude other etiologies of androgen excess		

Fig. 3.6: Different criteria for PCOS

Other etiologies of androgen excess include:

- Adult onset adrenal hyperplasia (AOAH)
- Cushing's syndrome
- Androgen producing tumor—ovary or adrenal
- Hyper- or hypogonadotropic disorders
- Hyperprolactinemia
- Thyroid disorders

Why the need to describe Phenotypes?

PCOS has always remained a debatable topic among clinician and scientists worldwide. The



Fig. 3.10: Weakening of various mechanical and biochemical barriers of the gut resulting in the passage of antigenic material into the bloodstream



Fig. 3.11: Pathophysiology of leaky gut syndrome and PCOS²⁸

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