2024; Vol 13: Issue 7

Open Access

A Study On Thyroid Function Status In Newly Diagnosed Polycystic Ovarian Syndrome Patients

Dr. Srinandhini M.B.B.S¹, Dr. N.Naveethalakshmi M.B.B.S²

¹Assistant Professor, Department of Obstetrics and Gynaecology, Dhanalakshmi Srinivasan Medical College, Siruvachur

²Assistant Professor, Department of Obstetrics and Gynaecology, Dhanalakshmi Srinivasan Medical College, Siruvachur.

Cite this paper as: Dr. Srinandhini M.B.B.S,Dr. N.Naveethalakshmi M.B.B.S, (2024). A Study On Thyroid Function Status In Newly Diagnosed Polycystic Ovarian Syndrome Patients. Frontiers in Health Informatics, 13 (7) 231-234

AIM:

A cross sectional study about thyroid function status in newly diagnosed PCOS and estimate the prevalence of hypothyroidism by using a single and best indicator of thyroid function status- Thyroid Stimulating Hormone (TSH)

MATERIALS AND METHODOLOGY:

In this study, we selected 73 post pubertal women who came with complaints of menstrual irregularities for a period of three months and /or infertility from Dhanalakshmi Srinivasan Medical college and hospital during the study period of 1 year from May 2023 to April 2024. Patients with the ultrasound evidence of polycystic ovaries were included in the study. This study was approved by Institutional Ethic Committee.

Study design: A cross sectional, observation study.

Inclusion criteria: Women aged between 15-35 yrs with menstrual irregularities or infertility. Ultra sonogram finding: Multiple cysts (> 12 in number of 1-2mm) either one or both ovaries. Exclusion criteria: Patients on treatment for Hypothyroidism, Oral contraceptives, Anticonvulsants, Metformin.

OBSERVATION AND RESULTS

This study shows that there is a correlation between thyroid dysfunction and PCOS which is also supported by the findings. 22% of our patients had hypothyroidism.

CONCLUSION:

This prevalence study helps to bring many submerged / occult disorders to light there by aiding in correct diagnosis and proper treatment and shows that there is a correlation between thyroid dysfunction and PCOS which is also supported by the findings.

KEY WORDS

Thyroid function test, TSH, PCOS, hypothyroid, euthyroid.

2024; Vol 13: Issue 7

Open Access

A STUDY ON THYROID FUNCTION STATUS IN NEWLY DIAGNOSED POLYCYSTIC OVARIAN SYNDROME PATIENTS

INTRODUCTION

As the incidence of infertility and its morbidity are increasing in the recent times. The leading cause for female infertility is menstrual irregularities apart from anatomical and genetic defects. Major contributing factors for this irregular menstruation are from local (ovarian) cause like polycystic ovarian syndrome and /or the systemic cause like hypothyroidism poses risk for anovulation. PCOS and hypothyroidism are the most common endocrine disorders found in young reproductive age group women. With this background we have undertaken this study with the aim to estimate the thyroid function status in newly diagnosed PCOS patients

AIM AND OBJECTIVE:

A cross sectional study about thyroid function status in newly diagnosed PCOS and estimate the prevalence of hypothyroidism by using a single and best indicator of thyroid function status- Thyroid Stimulating Hormone (TSH)

MATERIALS AND METHODOLOGY:

In this study, we selected 73 post pubertal women who came with complaints of menstrual irregularities for a period of three months and /or infertility from Dhanalakshmi Srinivasan Medical college and hospital during the study period of 1 year from May 2023 to April 2024. Patients with the ultrasound evidence of polycystic ovaries were included in the study. This study was approved by Institutional Ethic Committee.

Study design: A cross sectional, observation study.

Inclusion criteria: Women aged between 15-35 yrs with menstrual irregularities or Infertility. Ultra sonogram finding: Multiple cysts (> 12 in number of 1-2mm) either one or both ovaries. Exclusion criteria: Patients on treatment for Hypothyroidism, Oral contraceptives, Anticonvulsants, Metformin.

OBSERVATION

TABLE: 1

THYROID FUNCTION STATUS IN ALL 73 PARTICIPANTS

ASSOCIATION OF HYPOTYROIDISM	NO.OF. INDIVIDUALS	PERCENTAGE
HYPOTHYROID PCOS (>5μU/mL)	16	21.91%
EUTHYROID PCOS (<5μU/mL)	57	78.08%

2024; Vol 13: Issue 7 Open Access

HYPOTHYROIDISM IN PCOS PATIENTS

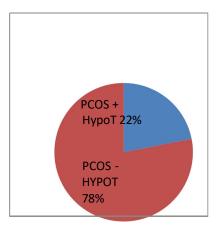


Fig1 - Shows the prevalence of Hypothyroidism in the study population. \sim 22% (21.9%) of PCOS women (16) were found to have Hypothyroidism.

TABLE 2

DISTRIBUTION OF SERUM TSH IN DIFFERENT AGE GROUP

	TSH<5mU/L	TSH>5mU/L	MEAN TSH
AGE IN YRS	(No. of. individuals)	(No. of. individuals)	
15-20	13	2	2.93
21-25	26	8	8.22
26-30	22	4	4.52
31-35	6	2	2.85

RESULTS:

With serum TSH level of $5\mu U/L$ as the cut-off point to diagnose hypothyroidism we have identified the prevalence of hypothyroidism among 73 newly diagnosed PCOS women to be about 22%. In our study, 22% of our patients had hypothyroidism. This shows that there is a correlation between thyroid dysfunction and PCOS which is also supported by the findings

CONCLUSION:

Our study followed the American Thyroid guidelines recommendation of using serum TSH alone instead of the entire thyroid profile for screening hypothyroidism in adults outpatient department which may be cost effective and economical for the patients and the health care providers.

The prevalence of hypothyroidism in PCOS patients was (22%), which is higher than the prevalence of hypothyroidism in general reproductive age women (2-4%). Thus, prevalence studies helps to bring many submerged / occult disorders

2024; Vol 13: Issue 7 Open Access

to light there by aiding in correct diagnosis and proper treatment.

REFERENCES

- 1. Franks S. Polycystic ovary syndrome. New England Journal Med1995;333: 853-61.
- 2. Best practice and research clinical obstetrics& gynaecology; vol:32 ;issue, April 2008;261-74.
- 3. Azziz R, Woods KS, Reyna R, Key TJ, Knochenhauer ES, Yildiz BO (June 2004). "The Prevalence and Features of the Polycystic Ovary Syndrome in an Unselected Population". Journal of Clinical Endocrinology & Metabolism 89(6): 2745–9.
- 4. Diamanti-Kandarakis E, Kouli CR, Bergiele AT, Filandra FA, Tsianateli TC, Spina GG, et al. A survey of the polycystic ovary syndrome in the Greek island of Lesbos: Hormonal and metabolic profile. J ClinEndocrinol Metab 1999;84:4006-11.
- 5. Stein IF, Leventhal ML. Amenorrhea associated with bilateralpolycystic ovaries. Am J Obstet Gynecol 1935;29:181.
- 6. Ramanand SJ, Ghongane BB, Ramanand JB, PatwardhanMH, Ghanghas RR, Jain SS. Clinical characteristics of polycystic ovarysyndrome in Indian women. Indian J Endocr Metab 2013;17:138-45.
- 7. Ehrmann DA, Barnes RB, Rosenfield RL 1995 Polycystic ovary syndrome as a form of functional ovarian hyperandrogenism due to dysregulation of androgen secretion. Endocr Rev16:322–353
- 8. Reproductive biology and endocrinology- Epidemiology of PCOS: A cross sectional study of university students. Najah university of palestine-Medscape update Nov-2013.
- 9. Boomsma CM, Fauser BC, Macklon NS (2008). "Pregnancy complications in women with polycystic ovary syndrome". Semin. Reprod. Med. 26 (1): 72– 84.doi:10.1055/s-2007-992927. PMID 18181085. Teede H, Deeks A, Moran L (2010). "Polycystic ovary syndrome: a complex condition with psychological, reproductive and metabolic manifestations that impacts on health across the lifespan"
- 10. Dunaif A, Hoffman AR 1988 Insulin resistance and hyperandrogenism: clinical syndromes and possible mechanisms. In: Pancheri P, Zichella L (eds) Biorhythms and Stress in the Physiopathology of Reproduction. Hemisphere Publishing Co, Washington, DC, pp 293–317
- 11. Wakim, A.N., Polizotto, S.L., Buffo, M.J., Marrero, M.A. & Burholt, D.R. (1993) Thyroid hormones in human follicular fluid and thyroid hormone receptors in human granulosa cells. Fertility and Sterility, 59, 1187–1190.
- 12. Hull MGR 1987 Epidemiology of infertility and polycystic ovarian disease: endocrinological and demographic studies. Gynecol Endocrinol 1:235–245
- 13. Azziz R, Woods KS, Reyna R, Key TJ, Knochenhauer ES, Yildiz BO (June 2004). "The prevalence and features of the polycystic ovary syndrome in an unselected population". J. Clin. Endocrinol. Metab. 89 (6): 2745–2749. doi:10.1210/jc.2003-032046. PMID 15181052