

The incidence of polycystic ovarian syndrome is not decreased in women suffering from endometriosis.

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INTRODUCTION

Endometriosis is an enigmatic chronic gynecologic disorder of unknown origin affecting up to 10% of women of reproductive age and 40-50% of infertile women. Polycystic ovarian syndrome (PCOS) is the most common cause of chronic anovulation in young women, also affecting 5 to 10% of the female population. No information currently exists on the incidence of PCOS in endometriosis women. Because endometriosis appears fueled by ovarian function and namely ovulation, we queried whether due to its oligoanovulation feature, PCOS might be a rarer occurrence in endometriosis. The aim of this present study is to compare the incidence of PCOS in women suffering from endometriosis to non-endometriosis women.

MATERIAL AND METHODS

This cross-sectional study, carried out in a tertiary care university unit, used data prospectively collected in all non-pregnant < 42-year-old patients who were surgically explored for a benign gynecological condition between 2004 and 2016. For each patient, a structured questionnaire was completed by the surgeon before surgery and AMH levels were measured in serum samples during the previous month. Surgeries were done on 2607 women of whom 2465 signed the informed consent. AMH serum were available for 991 of them.

After thorough surgical examination of the abdominopelvic cavity, 354 women with histologically proven endometriosis and no previous history of endometrioma surgery were allocated to the endometriosis group. Endometriosis women were phenotyped according to the surgical classification of endometriosis in superficial endometriosis (SUP, n=66), endometrioma (OMA, n= 113) and deep endometriosis (DIE, n=175). 474 non-affected women were included in a control group. PCOS profile was defined as AMH > 4.9ng/ml combined to oligoanovulation.

RESULTS

Mean serum AMH value were not significantly different between endometriosis and control groups (3.83 ± 3.12 in endometriosis-group and 4.10 ± 3.49 in control group, $p=0.506$). In the same way, frequency of anovulation was not significantly different between groups (53 (15%) in endometriosis and 53 (11.2%) in control group, $p= 0.106$). Proportion of PCOS profile in endometriosis and control groups did not reach significance (26 (7.3%) vs 31 (6.5%), $p = 0.651$). Among endometriosis women, incidence of PCOS profile was comparable according to endometriosis phenotype (respectively 7(10.6%), 6(5.3%), 17 (7.4%), for SUP, OMA, DIE, $p= 0.566$).

Additional analyses showed no significant differences between endometriosis and control groups concerning other serum AMH cuts-off most commonly used in literature as biological criteria indicative of PCOS (4.2 ng/mL and 5.6ng/mL).

CONCLUSION

Our findings suggest that the incidence of PCOS is comparable in women with endometriosis as compared to non-affected women. In addition, no differences were observed according to the endometriosis phenotype.

Keywords : polycystic ovarian syndrome, endometriosis, anti-Mullerian hormone, oligoanovulation

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