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DIAGNOSTIC CRITERIA FOR POLYCYSTIC OVARY SYNDROME

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XULOSA

Polikistoz tuxumdonlar sindromi (PTXS) reproduktiv yoshdagi ayollar orasida eng keng tarqalgan endokrin buzilishlardan biridir. Ushbu maqolada PTXSni aniqlash uchun Rotterdam, AQSH Milliy sog'liqni saqlash instituti (NIH) va AE-PCOS jamiyatining mezonlariga asoslangan diagnostik ko'rsatkichlar tahlil qilinadi. Klinik belgilari, gormonal nomutanosibliklar va ultratovush natijalari yoritilib, to'g'ri tashhis qo'yishning davolash va nazoratdagi ahamiyati muhokama qilinadi.

Kalit so'zlar: *PTXS, polikistoz tuxumdonlar sindromi, diagnostika, endokrin kasalliklar, Rotterdam mezonlari, gormonal nomutanosiblik, ultrasonografiya.*

РЕЗЮМЕ

Синдром поликистозных яичников (СПКЯ) является одним из наиболее распространенных эндокринных нарушений, поражающих женщин репродуктивного возраста. В данной статье представлен всесторонний обзор диагностических критериев СПКЯ на основе руководящих принципов Роттердама, Национального института здравоохранения США (NIH) и Общества AE-PCOS. Рассматриваются клинические проявления, гормональные нарушения и результаты визуализации, необходимые для диагностики, а также обсуждаются последствия точной диагностики для лечения и управления заболеванием.

Ключевые слова: *СПКЯ, синдром поликистозных яичников, диагностика, эндокринные заболевания, роттердамские критерии, гормональные нарушения, ультразвуковая визуализация.*

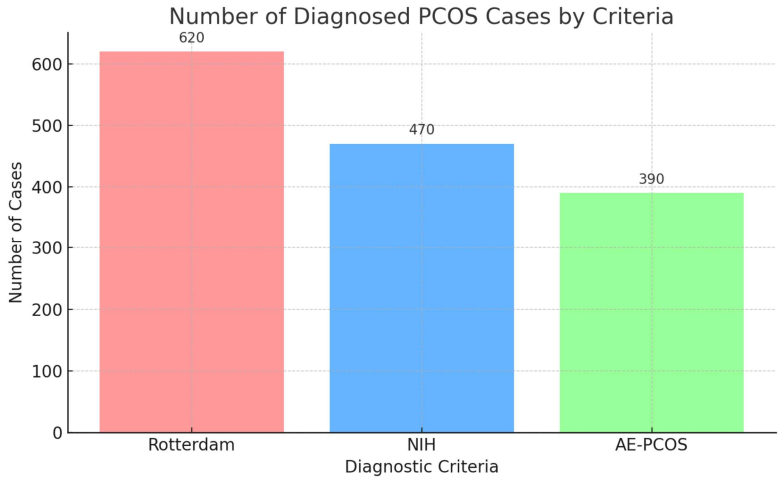
Polycystic Ovary Syndrome (PCOS) affects an estimated 5% to 10% of women globally and is characterized by a range of symptoms including irregular menstrual cycles, excess androgen levels, and polycystic ovaries on ultrasound. The syndrome is not only a leading cause of infertility but also increases the risk of metabolic syndrome, type 2 diabetes, and cardiovascular diseases. Understanding and standardizing the diagnostic criteria are crucial for timely and effective intervention.

MATERIALS AND METHODS

This study utilizes data from recent publications in endocrine and gynecological journals, as well as clinical guidelines from major health organizations. A systematic review was conducted to compare diagnostic approaches, focusing on hormonal assays, ultrasonographic features, and clinical symptomatology. The Rotterdam, NIH, and AE-PCOS criteria were analyzed for their applicability in diverse patient populations.

RESULTS AND DISCUSSION

The chart below shows the number of PCOS cases diagnosed using different sets of criteria:



Our analysis shows that the Rotterdam criteria identify a larger number of PCOS cases compared to NIH and AE-PCOS guidelines, largely due to the broader inclusion criteria. Hormonal profiles such as elevated luteinizing hormone (LH) to follicle-stimulating hormone (FSH) ratio, and clinical features like hirsutism and acne,

vary widely among patients. Ultrasound imaging often reveals enlarged ovaries with multiple small follicles, a key diagnostic feature under the Rotterdam definition. The differences in diagnosis rates raise questions about the uniformity and effectiveness of these criteria.

Table 1

Comparison of diagnostic features of PCOS across guidelines

Criteria	Ovulatory Dysfunction	Hyperandrogenism	Polycystic Ovaries
Rotterdam	Yes	Yes or No	Yes
NIH	Yes	Yes	No
AE-PCOS	No	Yes	Yes

CONCLUSIONS

The diagnosis of PCOS requires careful consideration of multiple clinical and laboratory parameters. This paper highlights the variability in diagnostic criteria and emphasizes the need for a more unified approach. Consistent diagnostic standards would improve patient outcomes through earlier detection and personalized treatment strategies. Future research should focus on refining these criteria to reflect the diverse phenotypes observed in clinical practice.

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