Letter to the Editor

Time to Stop Complicating a Complex Disease: Adopt Simple Treatment for Polycystic Ovarian Syndrome

Dear Editor,

Polycystic ovarian syndrome (PCOS) is a common endocrine disorder, affecting 4%–21% of females in the reproductive age group, worldwide.[1,2] The patients have to undergo expensive procedures and follow complicated drug regimens for several months to years to conceive with no surety of successful results. Therefore, we believe that effective management of metabolic and reproductive functioning in a PCOS patient is the key to achieve successful pregnancy. We report a case of young female with PCOS treated with simple technique resulting in a successful pregnancy and delivery.

A 25-year-old female presented to our department for the evaluation of infertility. She had typical clinical symptoms of PCOS such as menstrual irregularity and hirsutism. The patient reported very irregular menstrual cycles with delay of 4–6 months. She reported lack of sexual desire with psycho-social and familial stress. Abdominal ultrasound revealed a left ovarian size measuring 31 mm × 26 mm × 19 mm and volume of 8.3 cc with typical polycystic ovarian appearance. On the right side, a large cystic lesion measuring 8.2 cm × 6.9 cm × 6.2 cm was observed and the right ovary was not observed separately. Hormone profile showed elevated serum anti-Mullerian hormone (3.8 ng/mL).

The patient was given progesterone withdrawal with 10 mg medroxyprogesterone for 5 days; 500 mg metformin once daily (OD), iron supplementation (ferric ammonium citrate) OD along with nutritive high protein and low carbohydrate diet [Figure 1]. The couple was advised to have minimum 3–4 times intercourse per week. In addition, the patient was also advised for random blood glucose check with physical exercises for maintaining weight. The patient was advised to have a pregnancy test after 1 week from expected date of onset of menses, and if pregnancy test was negative, she was instructed to take progesterone withdrawal of 5 days. The couple was advised to avoid polluted environment, use only nonplastic utensils for food along with counseling for stress reduction.

After receiving the said treatment for 5 consecutive months, the patient reported positive pregnancy test. Considering a high-risk pregnancy, the patient was advised 100 mg progesterone (intramuscular) every alternate day and folic acid, in addition to iron and metformin. Progesterone was given twice a week for rest of the pregnancy. The patient delivered vaginally a healthy baby at 39 weeks without any adverse event.

The treatment and management followed in our case are different from recommended guidelines[3] but have shown that normal functioning of ovaries can be managed in earlier

Figure 1: Our treatment approach for infertility in the case of polycystic ovarian syndrome pregnancy different from the conventional/recommended approach. OD, once a day; CC, Clomiphene citrate
stages without complicated treatments. Ovarian stimulation was not included in our treatment approach. We aimed at normal follicular development and ovulation to minimize the risk of ovarian hyperstimulation syndrome (OHSS) and healthy singleton pregnancy. PCOS patients receiving infertility treatments have significantly increased rate of complications, such as OHSS and early pregnancy loss due to ovulation induction.  

We achieved successful pregnancy with a simple approach without using complex procedures that may be distressing for the patient. Therefore, treatment and management aimed to normalize biological functioning of human body with minimal artificial or induced alterations can be adopted as primary treatment for PCOS patients, instead of complicated and expensive in vitro fertilization.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given her consent for her images and other clinical information to be reported in the journal. The patient understands that her name and initials will not be published and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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Article History:
Submitted: 28 November 2019
Revised: 30 December 2019
Accepted: 8 January 2020
Published: 28 April 2020

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