

PRACTICAL PEARL: Irregular Periods in Adolescent Girls

INTRODUCTION	<ul style="list-style-type: none"> • Oligomenorrhea: fewer than 8 periods per year >2 years post menarche • Most common causes: anovulation due to hypothalamic-pituitary-ovarian immaturity or PCOS • PCOS characterized by two of three: <ul style="list-style-type: none"> - Hyperandrogenism (hirsutism, acne, elevated testosterone/DHEAS) - Ovulatory dysfunction (irregular cycles) - Polycystic ovaries (on ultrasound: not always performed in teens) <p>http://pediatrics.aappublications.org/content/pediatrics/early/2015/11/18/peds.2015-1430.full.pdf</p>
INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE	<p>History: age at menarche, LMP, pattern of menses PE: signs of hyperandrogenemia, acanthosis nigricans, thyromegaly Screening lab work:</p> <ul style="list-style-type: none"> • Urine for pregnancy test; consider STI testing (Gonorrhea/chlamydia) • LH and FSH - LH to FSH ratio 3:1 typical in PCOS; both high in primary ovarian insufficiency; both low in central hypogonadism • Prolactin and TSH • Consider pelvic US in cases of primary amenorrhea <p>Additional lab work if hyperandrogenemia present:</p> <ul style="list-style-type: none"> • Total and free testosterone: free T often elevated in PCOS • DHEA-S: often ≥ 200 ug/dl in PCOS • 17- hydroxyprogesterone: elevated in late onset CAH <p>Treatment for PCOS:</p> <ul style="list-style-type: none"> • Regulate menses with combined contraceptives • Lifestyle changes (weight loss, exercise); high risk for Metabolic Syndrome/T2DM so consider screening HbA1C, fasting lipid panel
WHEN TO REFER	<ul style="list-style-type: none"> • Further evaluation if diagnosis unclear • Treatment with anti-androgens such as spironolactone or metformin if obese with obvious insulin resistance
HOW TO REFER	<ul style="list-style-type: none"> • (413) 794-KIDS • Adolescent Medicine or Endocrine
WHAT TO EXPECT FROM BAYSTATE CHILDREN'S HOSPITAL VISIT	<ul style="list-style-type: none"> • Comprehensive evaluation • Fine tuning of treatment with contraceptives and other medications (spironolactone, metformin)

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