RELATIONSHIP BETWEEN POLYCYSTIC OVARIAN DISEASE AND MESENCHYMAL DYSPLASIA

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Abstract: The article describes the results of the comparative analysis of women of childbearing age with the diagnosis of polycystic ovary syndrome with signs of mesenchymal dysplasia and women without obvious manifestations of signs of mesenchymal dysplasia. In the course of the research, the information about the heredity of all patients, the presence of certain signs of mesenchymal dysplasia, asthenoneurotic syndrome were studied.

Key words: polycystic ovary syndrome, mesenchymal dysplasia, connective tissue.

The basis of polycystic ovary syndrome (PCOS) is chronic anovulation, which is caused by overproduction of androgens and an increase in their conversion to estrogens, primarily in adipose tissue and the liver. Excess estrogen leads to disruption of the cyclicity and ratio of gonadotropic hormones of the pituitary gland, which also supports anovulation. The increased influence of luteinizing hormone (LH) on the ovaries causes hyperplasia of the theca interna tissue of the follicles, which further increases the production of androgens. Under the influence of excess androgens, the outer lining of the ovaries thickens. The mature follicles present in it cannot collapse to release the egg; instead, they enlarge and fill with fluid, that is, they turn into cysts.

The purpose of the work was to assess the role of connective tissue dysplasia in the course of the disease.

Research objectives:

1. Study information about the heredity of patients in two groups.
2. Identify signs of mesenchymal dysplasia during tests and interviews, evaluate signs of astheno-neurotic syndrome.
3. Analyze the results obtained and draw conclusions.

Materials and methods

42 patients diagnosed with polycystic ovary syndrome aged 18 to 37 years were interviewed through a questionnaire.

In accordance with the result, the patients were divided into two groups:

Group 1 (main): 16 patients with manifestations of connective tissue dysplasia;

Group 2 (comparative): 26 patients without significant manifestations of connective tissue dysplasia.

Results and conclusions

Information about heredity in group 1 (main).

Parents retain a youthful appearance that does not correspond to their passport age:

Father – 7%, mother – 10%, both parents – 2%.

In the family there are special skills corresponding to hypermobility (moving the ears, special flexibility), or habitual subluxations of the joints:

Father - 20%, mother - 9%, brothers and sisters - 16%.

There are phenomena of splanchnoptosis in the family (prolapse of the kidneys, stomach, etc.):

Father - 8%, mother - 22%, brothers and sisters - 19%.

There is evidence in the family of prolapse of the mitral valve or additional chords of the heart:

Father - 5%, mother - 7%, brothers and sisters - 10%.

Among the signs of connective tissue dysplasia, the most common in patients diagnosed with polycystic ovary syndrome of group 1 (main) were:

Cysts of various locations – 87%,

Spinal scoliosis – 78%,

Flat feet – 71%,

Problems with the cervical spine – 60%,

Vegetative-vascular dystonia – 53%,

Wisdom teeth – 52%.

Information about heredity in group 2 (comparative).

Parents retain a youthful appearance that does not correspond to their passport age:

Father – 6%, mother – 4%, both parents – 0%.

In the family there are special skills corresponding to hypermobility (moving the ears, special flexibility), or habitual subluxations of the joints:

Father - 3%, mother - 1%, brothers and sisters - 6%.

There are phenomena of splanchnoptosis in the family (prolapse of the kidneys, stomach, etc.):

Father - 5%, mother - 10%, brothers and sisters - 14%.

There is evidence in the family of prolapse of the mitral valve or additional chords of the heart:

Father - 4%, mother - 3%, brothers and sisters - 7%.

Among the signs of connective tissue dysplasia, the most common in patients diagnosed with polycystic ovary syndrome of group 2 (comparative) were:

Cysts of various locations – 78%,

Spinal scoliosis – 60%,

Flat feet – 56%,

Problems with the cervical spine – 55%,

Vegetative-vascular dystonia – 53%.

Conclusion

To date, there is no scientific evidence of the relationship between polycystic ovary syndrome and connective tissue dysplasia. But, based on this study, the relationship can be traced, because Patients with polycystic ovary syndrome show signs of connective tissue dysplasia, most often such as cysts of various locations, spinal scoliosis, flat feet, problems with the cervical spine, wisdom teeth, vegetative-vascular dystonia, free adduction of the thumb to the forearm.

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