

## **PS1.258**

### **Dermatological manifestations of polycystic ovary syndrome**

*Carla Silva, S Martins*

*USF Lagoa, Unidade Local de Saúde de Matosinhos, Portugal*

*Corresponding author: Dr Carla Silva, ULS Matosinhos, USF Lagoa, Matosinhos, Portugal.*

*E-mail: carlapbsilva@gmail.com*

**Background and Aim:** Polycystic Ovarian Syndrome (PCOS) is a common endocrine disorder in reproductive age, with a variable clinical presentation. Its etiology remains unknown, but there are genetic and environmental factors potentially involved.

This review aims to improve the overall approach of women with PCOS.

**Methods:** It was performed a research on Pubmed database of English and Portuguese publications (2004-2015), using the terms: “Polycystic Ovary Syndrome” and “Dermatological manifestations”.

**Results:** Hyperandrogenism occurs in 60-80% and presents with the following: hirsutism, characterized by terminal hair in androgen-dependent areas with a male distribution; acne particularly on the face, neck, breast region, shoulders and back; androgenetic alopecia, characterized by loss of hair in the central region of the scalp (frontal and parietal region). The combined hormonal contraception is the first-line treatment, being more effective with progestins with antiandrogenic activity. Antiandrogens (spironolactone, finasteride or cyproterone acetate) may be used, although only the latter is approved for PCOS. Other treatments are available: hair removal; topical treatments, isotretinoin and/or oral antibiotics for acne; topical minoxidil for alopecia.

Menstrual dysfunction with chronic oligo-anovulation is characteristic, with higher risk of infertility. Hormonal contraception or cyclic progestins are the first-line treatment for the control of the menstrual cycle. Metformin and weight loss can improve ovulation rate. Metabolic complications are common: obesity, insulin resistance, dyslipidemia and high blood pressure. Insulin resistance can be manifested by acanthosis nigricans, hyperpigmented and velvety thickened plaques and grooves, in neck and intertriginous areas. Lifestyle modifications are essential, particularly if obesity/overweight. Metformin and thiazolidinediones can be used.

**Conclusions:** It emphasizes the importance of early diagnosis and treatment, in order to prevent metabolic complications and the emotional impact associated with skin manifestations. The family doctor plays a key role in early diagnosis and managing the recommended multidisciplinary approach, including Dermatology, Obstetrics-Gynecology, Nutrition and Psychology.