

Long term polycystic ovarian syndrome complications

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Carbohydrate intolerance and Diabetes Mellitus Type 2.

The probability of alteration in glucose metabolism increases two to four times in women with PCOS, versus women with normal body weight.

The key pathophysiological mechanism is insulin resistance¹.

Atherogenic Dislipidemia.

We can observe increase in Total cholesterol, cholesterol transported in low density lipoproteins (LDL) and triglycerides; while high density lipoprotein cholesterol (HDL) decreases in women with PCOS, mainly in anovulatory phenotypes.²

Overweight, Obesity and Central Obesity.

These weight variations, increases in women with PCOS, regardless of age, geographic region and diagnostic criteria used.³

The clinical presentation of PCOS is more severe in patients with overweight and obesity.³

Metabolic syndrome (Mets)

Imets prevalence is higher in patients with PCOS, Central Obesity and low HDL levels being the most popular criteria found. Glucose high fasting levels are uncommon, but increases up to 45% in postmenopausal women with PCOS

Cardiovascular risk

The cardiovascular risk increases in addition to a chronic inflammatory state, which provides the pathophysiological basis for atherosclerosis.

Other risk factors described are: endothelial inflammation, increase in C-reactive protein, interleukin 6 and tumor necrosis factor alpha, increased oxidative stress (homocysteine, asymmetric dimethylarginine, advanced glycation end products, endothelin-1), coagulation disorders, reflected in levels of fibrinogen, inhibitor of plasminogen-1 activator and lipoproteins.

The endothelial proliferation is due to an increase in vascular endothelial growth factor.⁴

References

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