

P21. Ovarian hypertecosis and hirsutism in adolescence: case report and literature review

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Context: Hirsutism is defined as an excessive male-pattern facial and body hair. In response to numerous factors, as hormonal disarrangement, the pilosebaceous units may develop, with the replacement of the vellus by the terminal hair. Hirsutism presents as isolated sign of androgen excess, but other signs and symptoms such as alopecia, acne and menstrual cycle disturbances can be expressed. Ovarian Hypertecosis is a rare cause of hyperandrogenism in menacme. **Objective:** This case report discuss hirsutism in a 15 years old female patient whith excess and progressive male -pattern hair growth and primary amenorrhea. **Methods:** Report case and literature review. **Interventions:** Patient was referred to UNIFESP Gynecological Endocrinology Department clinic in September 2016 with preliminar image and laboratory assay. The inicial clinical evaluation evidenced pubertal stage tanger M5P5, signs of hyperandrogenism as severe hirsutism (Ferriman-Gallwey score= 36), total serum Testosterone raised at 154 ng/dL (normal female 20-70ng/dL), alopecia, acanthosis nigricans and obesity (BMI= 33.7). Patient was virgo and clitoromegaly was absent. Further investigations prompted Insulin Resistance (basal Insulin = 63.6 mIU/mL; HOMA-IR=13). Pelvic tomography and pelvic ultrasonography revealed unilateral adnexal cystic mass measuring from approximately 6 cm (on the left side of pelvis). Laboratory tests showed no additional remarkable findings. Differential diagnoses as Adrenal Hyperplasia, Tireoid Diseases, Cushing and Ovarian Premature Failure (FSH 4.4 mIU/mL) were excluded . **Main Outcome Measure:** Patient underwent laparoscopic evaluation and biopsy in both ovaries in January 2017, no cystic mass was identified . **Result:** Histopathologic analysis result exhibited hypertecosis foci, luteous bodies and teca-luteinic cyst in remission on the right ovary and in the left ovary typical ovarium stroma and primordial follicles. Follow-up treatment consisted of combined oral contraceptives, Spironolactone 100 mg per day and Metformin. Her symptoms improved over the following six months with a drastic reduction of the hirsutism Ferriman-Gallwey score at 16 and "menses" at the onset of treatment. Patient still follows in the ambulatory and undergoes the above mentioned clinical treatment. **Conclusions:** Management of hypertecosis in reproductive age may be particularly difficult, since they may be missed on noninvasive examinations and mimic other more prevalent causes of hyperandrogenism.

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