

The relationship between clinico-biochemical features in women with polycystic ovary syndrome and fertility treatment outcomes

Pedro Marques¹, Florbela Ferreira², Ana Paula Soares³, Joaquim Nunes³, Sandra Sousa³, Ana Aguiar³, Carlos Calhaz-Jorge³

¹Department of Endocrinology, Instituto Português de Oncologia de Lisboa, Portugal

²Department of Endocrinology, Hospital Santa Maria, Lisboa, Portugal

³Department of Obstetrics and Gynecology, Reproductive Medicine Unit, Hospital Santa Maria, Lisboa, Portugal

E-mail: pedro.miguel.sousa.marques@gmail.com

Introduction

- Polycystic ovary syndrome (PCOS) affects 5-8% of reproductive-age women. The morbidity related to PCOS may include insulin-resistance, type 2 diabetes mellitus (T2DM), obesity, hypertension, cardiovascular disease and infertility.
- We aimed to evaluate the clinico-biochemical characteristics of PCOS infertile women and establish their relationship with fertility treatment outcomes.

Methods

- We reviewed the records of **229** PCOS women (Rotterdam criteria, 2003) surveilled at Hospital Santa Maria, between January 2004 and June 2013.
- Excluded cases of hyperprolactinemia; congenital adrenal hyperplasia; premature ovarian failure; hypogonadism hypogonadotropic.
- Fertility treatment outcomes were measured according to: **1) number of treatment cycles; 2) effective duration of the treatments.**

Results

Baseline features	PCOS n=229
Mean age (y)	29.7 (±3.9)
Mean infertility duration (months)	41 (±29)
Primary infertility	185 (80.8%)
Existence another infertility factor	38 (16.6%)
Mean BMI (kg/m ²)	27.8 (±6.4)
Weight excess (BMI ≥ 25 kg/m ²)	134 (58.5%)
Mean waist circumference (cm)	93.6 (±14.5)
Waist circumference > 80 cm	169 (73.8%)
Hypertension	12 (5.2%)
Familial history of T2DM	72 (31.4%)
Smoking habits	61 (26.6%)
Ovarian polycystic morphology	213 (93.0%)
Clinical and/or biochemical androgen excess	110 (48.0%)
Oligoamenorrhea	229 (100%)
Means: FSH (2.5-10.2 U/L)	5.0 (±2.1)
LH (1.9-12.5 U/L)	9.0 (±5.7)
Estradiol (19.5-144.0 pg/mL)	67.9 (±65.0)
Total testosterone (< 73 ng/dL)	63.6 (±33.0)
Prolactin (2.8-29.0 ng/mL)	12.5 (±6.3)
TSH (0.55-4.78 μU/mL)	2.6 (±1.9)
17-OH-Progesterone (0.1-3.0ng/mL)	1.5 (±0.7)
SHBG (18-144 nmol/L)	43.3 (±38.1)
Insulin (3-25 mU/L)	12.1 (±9.6)
Total cholesterol (<190 mg/dL)	179.7 (±33.3)
Cholesterol-LDL (<110 mg/dL)	111.5 (±33.7)
Cholesterol-HDL (>50 mg/dL)	53.4 (±15.1)
Triglyceridemia (<150 mg/dL)	86.8 (±42.9)
Fasting glycemia (<110 mg/dL)	96.1 (±27.7)
Hypertriglyceridemia (>150 mg/dL)	15 (6.6%)
Low cholesterol-HDL (<50 mg/dL)	93 (40.6%)
Positive Oral Glucose Tolerance Test	23 (10.1%)
	[T2DM: n=2]
Hypothyroidism (TSH>4.78 μU/mL)	17 (7.4%)

Table 1: Baseline clinico-biochemical features of PCOS

Evolutionary pregnancy achievement rate	71.6% (n=164)
Number of women who had spontaneous abortions (SA)	n=34 (14.9%)
Total number of SA (n)	43 [5 women had >1]
Mean treatment cycles to achieve evolutionary pregnancy	2.8 (±2.4)
Mean duration of effective treatment (months)	4.4 (±6.0)
Mean duration between 1 st treatment and evolutionary pregnancy (months)	9.9 (±10.8)
Method of achievement pregnancy (n): CC / Gnd / CC+Gnd / Spnt / OD / IUI/ FIV or ICSI	25 / 60 / 15 / 16 / 30 / 12 / 6

Table 2: Overview of the results from fertility treatment in the 229 PCOS women cohort
CC, clomiphene citrate; Gnd, gonadotropins; spnt, spontaneous; OD, ovarian drilling; IUI, intrauterine insemination; FIV, fertilization in vitro; ICSI, intracytoplasmic sperm insemination.

PCOS women that obtained evolutionary pregnancy (n=164)		Number of treatment cycles (n)	Effective duration of treatment (months)
Age <35 years	150	2.6 (±2.3)	4.05 (±5.3)
Age > 35 years	14	2.6 (±1.9)	2.93 (±2.4)
Primary infertility	132	2.9 (±2.3)	4.4 (±5.5)
Secondary infertility	32	1.8 (±1.4)	2.3 (±2.3)
Clinical and/or biochemical androgen excess	Yes 82 No 82	2.9 (±2.5) 2.3 (±1.8)	4.1 (±4.4) 3.9 (±5.8)
Weight excess (BMI ≥ 25 kg/m ²)	Yes 98 No 66	2.7 (±2.2) 2.5 (±2.3)	3.9 (±3.4) 4.1 (±2.8)
Waist circumference >80cm	Yes 126 No 38	2.6 (±2.1) 2.3 (±1.8)	3.8 (±3.8) 4.1 (±2.1)
Hypertension	Yes 7 No 157	2.1 (±0.9) 2.7 (±2.3)	3.1 (±3.1) 3.9 (±5.2)
Familial history of T2DM	Yes 53 No 111	3.4 (±2.5) 2.3 (±2.0)	4.2 (±3.6) 3.9 (±5.7)
Smoking habits	Yes 43 No 121	2.6 (±1.9) 2.7 (±2.3)	3.8 (±4.0) 4.0 (±5.4)
Hypertriglyceridemia (>150 mg/dL)	>150 mg/dL 15 ≤ 150 mg/dL 149	3.6 (±2.9) 2.4 (±1.8)	4.5 (±3.2) 3.4 (±3.8)
Low cholesterol-HDL (<50 mg/dL)	< 50 mg/dL 77 ≥ 50 mg/dL 87	2.9 (±2.1) 2.2 (±1.8)	3.5 (±3.6) 3.4 (±3.9)
Oral Glucose Tolerance Test	Positive 22 Negative 142	2.5 (±2.3) 2.6 (±1.9)	3.43 (±3.9) 3.6 (±3.8)
Hypothyroidism (TSH>4.78 μU/mL)	Yes 14 No 150	3.6 (±1.9) 2.6 (±2.2)	5.2 (±4.6) 3.84 (±5.2)

Table 3: Number and effective duration of treatment in the cohort of 164 PCOS that obtained pregnancy
Yellow cells are indicative of differences with statistical significance (p<0.05). Pearson correlation analysis between all biochemical parameters and the fertility outcomes have been done and no significant correlations were obtained

Discussion

Infertile PCOS women with primary infertility, T2DM familial history, hypertriglyceridemia and low cholesterol-HDL may have **poorer fertility treatment results**, possibly justifying more intensive approach. Other clinico-biochemical features seem not to have prognostic value for fertility treatments.