CLINICAL AND LABORATORY CHARACTERISTICS OF HYPERANDROGENISM IN WOMEN WITH HYPERPROLACTINEMIA

Diyora Mukhammedaminova[1,a], Khurshida Nasirova[1]

[1] Tashkent Pediatric Medical Institute, Tashkent, Uzbekistan

[a] di_khakimova@mail.ru

Introduction: Hyperprolactinemia is an increase in the level of the hormone prolactin in the blood. Hyperprolactinemia may induce hirsutism via several mechanisms. Prolactin inhibits the hepatic synthesis of sex hormone-binding globin, thereby raising the concentration of plasma-free testosterone. An elevation in the plasma-free testosterone level is the most consistent endocrinologic finding in hyperandrogenism or hirsutism. The frequency of be hyperpolactinemia in the general population is 1%. In woman with amenorrhea, frequency of hyperprolactinemia is about - 10%, with poly cystic ovary syndrome - 17%, with galactorrhea - 20-30%, with a combination of amenorrhea and galactorrhea - 70%. Hyperprolactinemia frequency with female infertility, it is 25-40%.

The aim of study: to determine the clinical and diagnostic features of hyperandrogenism in hyperprolactinemia.

Materials and methods: The survey was conducted among 68 women with hyperandrogenism in hyperprolactinemia. The study included examination of hormone levels, determination of menstrual cycle characteristics, evaluation of body hair growth on the Ferriman - Gallouy scale , determination of endocrinological and gynecological diseases, as well as clinical and laboratory indicators before and after pathogenetic and combination therapy.

Results: the results show that the frequency of the isolated form of hyperprolactinemia in women with hyperandrogenism was 39.7%, the frequency of the combined form of hyperprolactinemia was 60.3%. The causes of the «pure» form of hyperandrogenism, which occurs - 51.85%, is an idiopathic form of hyperprolactinemia. As well as hyperprolactinemia in 25.9% - against the background of pituitary microadenoma, in 14.81% of women - a medicamental form of hyperprolactinemia, in 4.7% - the syndrome of an «empty» Turkish saddle. In combined form of hyperprolactinemia in 29.3% of patients, polycystic ovary syndrome and insulin resistance is determined, in 17% - polycystic ovary syndrome without insulin resistance, in 17% - obesity. Patients underwent pathogenetic therapy, which was chosen individually depending on the type of hyperprolactinemia, and the presence of underlying diseases.

Conclusion: in combined form of hyperprolactinemia the most frequent types of comorbidity are polycystic ovary syndrome and insulin resistance, the most common form of «pure» hyperandrogenism is idiopathic form of hyperprolactinemia; pathogenetic therapy significantly reduces prolactin and androgens values, improves basic patient's anthropometric indicators.