Naltrexone treatment in clomiphene resistant pcocs patients

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Chercau, (1845) first recorded the finding of sclercystic changes of the ovary. In 1935, Stein and Leventhal reported the association between absent or infrequent menstrual cycles, hirsutism obesity and enlarged cystic ovaries that firmly established the association with ovarian dysfunction.Polycystic ovarian syndrome (PCOS) is the most common endocrinopathy of women, with aprevalence of 6.5-6.7% among premenopausal women [7, 23]. PCOS was initially defined by an NIH conference in 1990 as the combination of chronic anovulation or oligomenorrhoea and clinical or biochemical hyperandrogenism[24]. The Rotterdam consensus in 2003 revised the diagnostic criteria[25], with two of the three following criteria declared as prerequisites for PCOS: chronic anovulation or oligomenorrhea, clinical or biochemical hyperandrogenism, and polycystic ovarian morphology. The Rotterdam workshop has left room for debate on the new phenotypes that should be embraced in the PCOS spectrum [26, 27]. The potential pathophysiological significance of polycystic ovarian morphology,observed in 75% of women with PCOS [28] ,has been extensively discussed [26, 27]. There is agreement that this imaging finding per se does not equate with the diagnosis of PCOS. Moreover, the phenotype of anovulation combined with polycystic ovarian morphology does not appear to be associated with the metabolic abnormalities of the classic PCOS phenotypes [29-31]. In 2006, the Androgen Excess Society provided a contemporary version of the definition of PCOS [28]. The final statement has highlighted hyperandrogenism (clinical or biochemical) in combination with ovarian dysfunction (including