

Joint Webinar on Gynecology-Obstetrics & Pediatrics

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Results of treatment with myo-Inositol and D-chiro-inositol combination in ratio 5:1 in women with clinical and biochemical hyperandrogenemia associated with polycystic ovary syndrome

Hyperandrogenemia is a part of the Polycystic Ovary Syndrome (PCOS), which occurs in 5-8% of women of reproductive age. An interventional single-center prospective study was conducted at Sechenov University from October 2020 to June 2021. We compared the effectiveness of the combination of myoinositol (MI) and D-chiro-inositol (DHI) in a ratio of 5:1 and standard antiandrogenic therapy (COC containing ethinylestradiol 0,02 mg with drospirenone 3 mg) for the treatment of clinical and biochemical hyperandrogenism, as well as assessed the degree of anxiety on the Spielberger-Khanin anxiety scale before and after therapy. Patients of the main group (N=53, aged 26.6 ± 3.62) received an oral combination of 1000 mg MI and 200 mg DHI in a ratio of 5:1, 2 times a day after meals. Patients of the control group (N=55, aged 27.1 ± 2.54) received COC for 6 months. The assessment of hirsutism on the Ferriman-Gallway (FG) scale, the severity of acne on the G. Plewig, M. Kligman scale were carried out initially and 2 months after the discontinuation of therapy. The results of the study showed that the combination of MI with DHI in a ratio of 5:1 can be considered as an effective alternative therapy for the treatment of hyperandrogenemia in patients with PCOS due to a decrease in the levels androgens in the serum blood and decrease in the severity of acne and hirsutism. An improvement in the psychoemotional state of the patients due to a decrease in anxiety was more common in group 1 than in group 2.



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Biography

Victoria Prilutskaya has completed Sechenov University at the age of 26 years. Now she is a Ph.D student in the department of obstetrics and gynecology and provides a clinical research on the patients with polycystic ovary syndrome.

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