The Polycystic Ovary Syndrome (PCOS) is the most frequent cause of hyperandrogenism, especially in young women. Nevertheless, PCOS is a diagnosis after exclusion of other hyperandrogenic disorders.

If serum levels of total testosterone are elevated, a focused history and physical examination should be performed in order to exclude the diagnosis of an androgen producing tumour. The Polycystic Ovary Syndrome (PCOS) is the most frequent cause of hyperandrogenism, especially in young women. Nevertheless, PCOS is a diagnosis after exclusion of other hyperandrogenic disorders.

A simple screening panel of endocrine tests (basal 17-hydroxyprogesterone, DHEA-s, morning plasma cortisol, Prolactin, TSH, IGF-1) and a pelvic and adrenal ultrasound should also be performed. In our group of undiagnosed patients, the level of serum DHEA-s was within normal values and that orientated the source of androgen excess mostly towards an ovarian origin. However, only 30% of these patients underwent a pelvic ultrasonography. The initial screening included a basal 17-hydroxyprogesterone measurement in 4 patients. One of these patients had also an ACTH stimulating test while a 24-h urine cortisol assay was performed in only 1 patient. No sufficient clinical data concerning hirsutism and dysmenorrhea were available.

In conclusion, analyzing a hospital lab database is a way to create a registry of uncommon diseases. It permits also to assess and improve the quality of care of patients with a rare disease or with lab values that require further assessment.

REFERENCES