Acromegaly is a severe neuroendocrine disorder due hyperproduction of GH and IGF-1. According to Moscow regional registry of acromegalic patients, 74.8% of patients are female. We retrospectively analyzed data of 47 women with onset of acromegaly at reproductive age (<45 y.o.). Median age of patients was 49 [38.5; 55] y.o. Symptoms of acromegaly appeared at age 32 [25; 39] y.o. Median time before diagnosis of acromegaly was 4 [1; 9.5] y. and total duration of the disease 12 [8; 20.5] y. Menstrual disturbances (MD) were observed in 42/47 (89%) cases and were one of the first symptoms of acromegaly in 17/47 (36.2%) patients. MD included: amenorrhea (16/47, 34%), opsomennorrhea (16/47, 34%), menorrhagies (7/47, 14.9%), and acyclic bleeding (3/47, 6.4%). Most often found gynecological disorders were: myomas (in 37.5% of patients), endometrial hyperplasia (29.2%), adenomyosis (33.3%). Hyperprolactinemia was observed in 24/47 (51%) women including 17/47 (36.2%) cases with MD and 7/47 (14.8%) cases without MD. Low gonadotropin levels were found in 25 (53.2%) women and were associated with MD. After treatment of acromegaly menstrual cycle restoration was observed in 17/42 (40%) women with previous MD. At the moment of this survey 23 women were postmenopausal including 9/23 (39.1%) patients with surgical menopause and 14/23 (52.2%) women with natural menopause. Median age of menopause was 44 [40; 50] and 50 [46; 52] respectively (p=0.03), 13/23 (56.5%) women had early/premature menopause at age less than 49 y.o. Thus, different menstrual cycle disorders coincided with the first symptoms of acromegaly in women of reproductive age. Algorithm of examination of women with menstrual disturbances, myomas and hyperprolactinemia should include a minimum screening for acromegaly. On the other hand, women with proved acromegaly should be under observation of the gynecologist.