Approximately 3 to 6% of female population in child-bearing age suffer from polycystic ovary syndrome (PCOS). PCOS is the most common cause of infertility brought by the lack of ovulation. The criteria for identification of PCOS include: oligo- or anovulation, hyperandrogenism and typical USG image of polycystic ovaries when other secondary causes of hyperandrogenism are excluded.

The etiology of the syndrome has not been identified. It seems that the factor that initiates the disorder may be the originally existing improper regulation of cytochrome P450-17alpha. Disordered regulation of inappropriate androgens' metabolism remains strictly related to the elevated level of luteinizing hormone (LH) and hyperinsulinemia. It is believed that high concentration of insulin may have the impact on the hyperandrogenism. The most common clinical symptoms include: disorder of the menstrual cycle, hirsutism and acne. Approximately 30 to 60% of women suffering from PCOS are obese. Very often the increase of body weight in PCOS patients is related to more intense clinical symptoms than the ones observed in not obese women suffering from the same syndrome and having similar biochemical disorders.

Modern recommendations as to the treatment of PCOS include the introduction of particular therapies in stages. The lack of satisfactory effects at a given stage of treatment authorizes to apply another method. The treatment should be started with the change of lifestyle to reduce body weight. At the next stage the ovulation is stimulated by clomiphene and then by gonadotropins or laparoscopic surgical methods. In special circumstances IVF should be taken into consideration. In individual cases particular stages of the treatment may be abandoned.