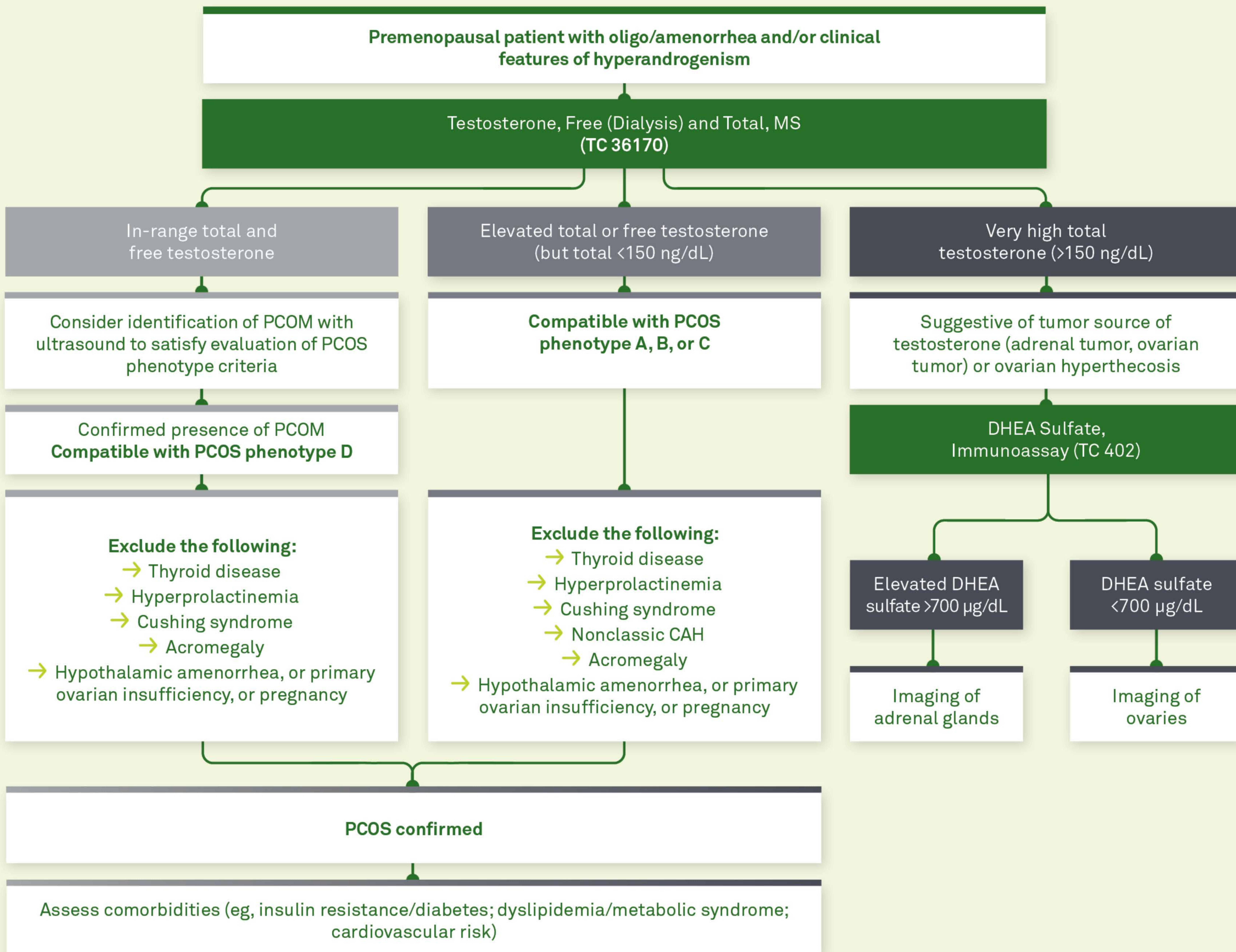


# Polycystic Ovary Syndrome (PCOS) Diagnostic Algorithm



CAH, congenital adrenal hyperplasia; DHEA, dehydroepiandrosterone; FSH, follicle stimulating hormone; hCG, human chorionic gonadotropin; 17-OHP, 17-hydroxyprogesterone; LH, luteinizing hormone; PCOM, polycystic ovarian morphology; PCOS, polycystic ovary syndrome; TC, test code; TSH thyroid-stimulating hormone.

PCOM should be assessed by ultrasound. Excluding nonclassic CAH is not indicated for a diagnosis of PCOS phenotype D; testosterone is typically elevated in nonclassic CAH and in-range for PCOS phenotype D. If PCOS is suspected, ordering the following with testosterone may facilitate a quicker differential diagnosis: 17-Hydroxyprogesterone (TC 17180), hCG, Total, Quantitative (TC 8396) or hCG, Total with HAMA Treatment (TC 19720)—unnecessary if normal menstrual cycle; Prolactin (TC 746); TSH (TC 899) or TSH with HAMA Treatment (TC 19537); and FSH (TC 470) or FSH and LH (TC 7137). To exclude Cushing syndrome, consider initially ordering Cortisol, Free, 24-Hour Urine (TC 14534), Cortisol, LC/MS, Saliva (TC 19897), Dexamethasone Suppression Test (DST), 1 Specimen (TC 6921).

This figure was developed by Quest Diagnostics based on references 1,2,7,12-16. It is provided for informational purposes only and is not intended as medical advice. Test selection and interpretation, diagnosis, and patient management decisions should be based on the physician's education, clinical expertise, and assessment of the patient.