порівняно з контрольною групою та асоціювалась із екстернальним типом порушення харчової поведінки, $p<0,05$.

Висновки. Генотип C/G SNV *TAS2R38* rs713598 високо пов'язаний із метаболічно нездоровим ожирінням у дітей та екстернальним порушенням харчової поведінки.

Ключові слова: *член38 рецептора смаку 2 типу, харчова поведінка, фенотипи ожиріння, метаболічно нездорове ожиріння, діти.*

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POLYCYSTIC OVARY SYNDROME IN ADOLESCENTS IN UKRAINE

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Introduction. Polycystic ovary syndrome is an endocrinological disease associated with disruption of the hypothalamus, pituitary gland, ovaries, adrenal glands, pancreas. It ranks first among endocrine diseases in women of reproductive age.

Purpose. Find out how hormonal changes in polycystic ovary syndrome affect the general condition of women. Consider a set of measures to correct menstrual dysfunction.

Relevance. Today, the causes of the development of polycystic ovary syndrome are not certainly known, so the treatment is individual and does not give a 100% recovery. According to statistics, about 15% of adolescents in the world have polycystic ovary syndrome, and 65–70% of cases remain undiagnosed, which leads to anovulatory infertility in 70–80% of women [1].

Main part. The syndrome of polycystic (sclerocystic) ovaries was first described by American gynaecologists D. Stein and M. Leventhal in 1935 (Stein-Leventhal syndrome) in women who were overweight and had amenorrhea and masculinizing symptoms. The disease may be a consequence of insulin resistance, congenital insufficiency of the adrenal cortex, disorders in the hypothalamic-pituitary system, infectious diseases, etc. According to the classification, ovarian, central and adrenal-ovarian polycystosis are distinguished. It is manifested by excessive hair growth - hirsutism (male type), menstrual disorders (oligomenorrhea with a transition to amenorrhea, polycystic ovaries – 23%), an increase in body weight – in 35–60% of patients (excess testosterone, estrogen and background insulin, body mass index over 30 kg/m^2), psycho-emotional state disorder and reproductive function disorder (lack of ovulation), impaired glucose tolerance – 30–40% of all women patients [2].

Diagnosis of polycystic ovary syndrome includes several laboratory tests: luteinizing hormone (LH) – androgen synthesis from cholesterol in ovarian theca cells, follicle-stimulating hormone (FSH), determination of free testosterone index (total testosterone, hormone, globulin, testosterone). If luteinizing hormone predominates over follicle-stimulating hormone, then the ovaries produce androgens. Instrumental studies are also carried out: ultrasound diagnostics of the pelvic organs (measuring the size, shape and structure of the ovaries) and the thyroid gland with the determination of thyroid-stimulating hormone, antibodies to thyroglobulin, antibodies to peroxidase, adrenal glands (with the detection of 21-hydroxylase deficiency); tomography (presence or absence of a pituitary and brain tumour); magnetic resonance imaging for more details to assess glycaemic status [3].

There are four clinical variants of polycystic ovary syndrome: phenotype A (hyperandrogenism, anovulatory cycle and polycystic ovaries); phenotype B (hyperandrogenism and anovulatory cycle); phenotype C (hyperandrogenism and polycystic ovaries); phenotype D (anovulation and polycystic ovaries). When performing an ultrasound examination, the presence of about 20 follicles with a diameter of 4-9 mm, and an ovary volume of 10 ml, in which there is no dominant follicle, is the basis for establishing the diagnosis of polycystic ovary syndrome.

The main thing in the treatment is a multidisciplinary approach: the regime of work and rest, the normalization of body weight, and the appointment of oral contraceptives (for the treatment of hyperandrogenism and menstrual irregularities). It should be remembered that the development of endometrial cancer is 4-5 times higher in women with polycystic ovary syndrome (95% adenocarcinoma) [4].

Conclusions. So, polycystic ovary syndrome is an endocrine pathology in women of reproductive age.

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