- ು № N979 상세불명의 여성불임
- ★★ N915(희발월경), N912(상세불폄의 무월경)
- ₩ E282 다낭성 난소증후군

보험청구 항독

Amenorrhea

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No	코드	적합상병
1	C3520 bHCG	O089상세불명의 유산, 자궁외 임신 및 기태 임신에 따른 합병증
1	C3510 Prolactin	N915 상세불명의 희발월경 / N643 출산과 관련되지 않은 젖흐름증
2	C3360 TSH	E079 상세불명의 갑상샘의 장애
2	C3340 Free-T4	E079 상세불명의 갑상샘의 장애
2	C3290 T3	E079 상세불명의 갑상샘의 장애
3	C3500 FSH	E282 다낭성 난소증후군 / N915 상세불명의 희발월경 / E28.3 조기폐경
3	C3480 LH	E282 다낭성 난소증후군 / N915 상세불명의 희발월경 / E28.3 조기폐경
4	C3725 Estrogen	E282 다낭성 난소증후군 / N915 상세불명의 희발월경 / E28.3 조기폐경
4	C3530/ CX232 test/free T	E282 다낭성 난소증후군
4	C3640 DHEAs	E282 다낭성 난소증후군
5	ACTH C3590	E24.9 상세불명의 쿠싱증후군(Cushing's syndrome, unspecified
5	Cortisol C3248	E24.9 상세불명의 쿠싱증후군(Cushing's syndrome, unspecified
6	B2570 SGOT	
6	B2580 SGPT	B2570 SGOT
6	C3730 BUN	B2580 SGPT
6	C3750 Cr	C3730 BUN
6	C3711 Glucose	E109 합병증이 없는 인슐린 의존 당뇨병
7	Chromosomal study	Chromosomal study
Q	Vsono	Venna

- 1. Step 1: Rule out pregnancy
 - Serum b-HCG: most sensitive

MRI

- 2. Step 2: Past medical history
 - Stress, weight change, diet, illness, medication, acne, hirsutism, deepening of voice, headaches, visual field defects, polyuria, polydipsia, fatigue, hot flashes, vaginal dryness, poor sleep, decreased libido, galactorrhea, irregular menses, severe bleeding, dilatation and curettage, endometritis, etc.

MRI

- 3. Step 3: Physical examination
 - Height/weight, hirsutism, acne, stria, acanthosis nigricans, vitiligo, breast exam, vulvovaginal exam, parotid gland swelling, erosion of dental enamel
- 4. Step 4: basic lab test
 - TFT, serum prolactin
- 5. Step 5: follow up testing
 - Progesterone challenge test -> detects endogenous estrogen
 - Withdrawal bleed (+): adequate estrogen
 - Withdrawal bleed (-): outflow tract 이상, inadequate estrogen
 - Estrogen/Progesterone challenge test
 - Withdrawal bleed (+): H-P-O axis or ovaries 이상
 - Withdrawal bleed (-): outflow tract 이상
 - FSH/LH
 - Elevated FSH/LH: ovarian abnormality (hypergonadotropic hypogonadism)
 - Normal/Low FSH/LH: pituitary or hypothalamic abnormality (hypogonadotropic hypogonadism)
 - MRI

Drug	Dosing	Duration	
Progestogen challenge test			
Medroxyprogesterone acetate (Provera)	10 mg orally once per day	Seven to 10 days	
Norethindrone (Aygestin)	5 mg orally once per day	Seven to 10 days	
Progesterone	200 mg parenterally once per day	Single dose	
Progesterone micronized	400 mg orally once per day	Seven to 10 days	
Progesterone micronized gel (4 or 8%)	Intravaginally every other day	Six applications	
Estrogen/progestogen challenge test			
Conjugated equine estrogen (Premarin) or	1.25 mg orally once per day	21 days	
Estradiol (Estrace)	2 mg orally once per day	21 days	
followed by			
Progestational agent	As noted above	As noted above	

Progesterone challenge test: withdrawal bleeding occurs within 2-7 days

• Hx. Taking

- Dietary and exercise histories
 - Attitudes toward eating and body image
 - Psychosocial stressors
- Physical examination
- Physical stigmata of a chronic disease or self induced vomiting
 - Pelvic examination should assess estrogen status and rule out abnormalities.
- LAB
- TFT, prolactin, and FSH.
- Imaging
 - Plain radiographs to look for possible stress fracture
 - Bone density
 - Brain MRI would not be indicated: neurologic symptoms (-), other evidence to suggest
- hypothalamic or pituitary dysfunction (-)

 If no other cause of amenorrhea is identified, the patient should be educated regarding the
 - effect of excessive exercise and weight loss on menstrual cycles and the risks of associated bone loss
- Documentation of a stress fracture would warrant temporary cessation of or a marked reduction in exercise Some reduction should be recommended in any case, since such a cutback in
- exercise and adequate caloric intake are likely to result in a resumption of menses

 Consultation with a nutritionist and mental health provider
- F/u: Nutritional intake, exercise levels, menstrual periods
 An oral contraceptive pill should not be provided for the purpose of improving bone density.