Aim of the study. To identify what extent AMH correlates with LH, FSH, T, IMC and USG criteria in PCOS patients; to assess the impact of AMH on the severity of the polycystic ovary syndrome.

Materials and methods. 40 patients were selected for the study. The diagnosis of patients with polycystic ovary syndrome was based on anamnesis, clinical parameters and paraclinic markers (biochemical and echographic). Research was based on serum levels tests of Anti-Müllerian hormone, testosterone, Follicle-stimulating hormone and luteinizing hormone. The exclusion criteria for the patients were: androgen-producing ovarian tumors, primary hypothyroidism, liver pathology with protein synthesis deregulation, idiopathic hirsutism, hyperprolactinemia, Cushing's disease, peritoneal-tubal and uterine infertility, endometriosis.

Results. The following correlations have been established: AMH and LH (r = 0.479), correlation between AMH and FSH (r = 0.297), correlation between AMH and T (r = 0.540), AMH and IMC (r = 0.697), AMH and antral follicle count (r = 0.818).

Conclusions. The study evaluated an inversely proportional correlation between AMH and follicle stimulating hormone (p <0.001) and directly proportional between AMH, luteinizing hormone and testosterone, and the success rate of laparoscopic surgery, as with luteinizing hormone, decreases inversely these two hormonal values; p <0.001.

Key words: polycystic ovary syndrome, anti-Müllerian hormone.

90. PRESENTATION AND SOCIAL PERSPECTIVE OF MENSTRUATION IN BANGLADESHI WOMEN

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Introduction. Presentation and awareness about menstruation, considered a curse in Bangladesh, is of utmost importance because women are the ultimate sufferers without having proper knowledge of menstrual hygiene. So in this paper, we will discuss about the presentation and social perspective of menstruation in Bangladeshi women.

Materials and methods. The research was cross sectional and we took convenient type of non-randomized samples of a group of 650 young and middle aged women.

Results. The results reported that among 650 women, 390 were young aged between the age group 15-34 and 260 were middle aged between the age group 35-45. 58.33% women were found taking painkillers for menstrual pain and 41.67% were found taking contraceptive pills for irregular menstruation. Obesity, lack of exercise, depot contraceptives, miscarriage, pelvic infections etc. were found to be the clinical causes behind irregular menstruation and severe menstrual cramps. Food allergies and gall bladder problem were present.

Conclusions. Misconceptions about menstruation, family restriction and dominant attitudes of male are the basic risk factors prevailing in Bangladesh. Providing women with knowledge and management methods prior to menarche, privacy and a positive social environment around menstrual issues have the potential to benefit the womenfolk of Bangladesh.

Key words: menstrual hygiene, dominant attitude

91. EFFECTS OF THE IN VITRO FERTILIZATION ON MULTIPLE BITRH, PRETERM DELIVERY AND LOW BIRTH WEIGHT

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