

Management algorithm for diagnosis/evaluation of premature ovarian insufficiency (POI)

Premature ovarian insufficiency (POI) is defined as loss of ovarian function under age 40 years

Diagnostic criteria
 Oligo/amenorrhea for at least 4 months
 AND
 FSH levels >25 IU/l on 2 tests, at least 4–6 weeks apart
 (When not on any hormone therapy)

YES

NO

Consider alternative diagnosis

POI confirmed

Inform in a sensitive manner
 Provide information

Evaluation to assess cause
 Medical history + Examination
 Pelvic / Vaginal Ultrasound

Previous history of chemotherapy/ radiotherapy/ pelvic surgery/ bilateral oophorectomy

YES

NO

Iatrogenic POI

Non-iatrogenic
 (Consider autoimmune, genetic and infectious diseases)

Counselling for Gonadectomy

Y chromosome

Karyotype testing

Abnormal

Further evaluation for co-morbidities

Normal (46XX)

Refer to geneticist

Negative

Fragile X testing

Positive

Practice point:
 Karyotype, fragile X and antibody testing are often performed at the same time for practical purposes

Antibody testing
 Thyroid
 21 hydroxylase antibody for adrenal
 Other (eg.coeliac)

Negative

Positive

Idiopathic POI
 Retest if signs or symptoms develop
 Inform in a sensitive manner

Adrenal → Refer to endocrinologist
 Thyroid → Annual TSH
 Other → Refer to specialist

Abbreviations: FSH, follicle stimulating hormone; TSH, thyroid stimulating hormone