

Hirsutism in Adolescent Females: A Commentary

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Case Presentation: a 13 year old girl was referred to our clinic for evaluation of secondary amenorrhea. The referral stated that the patient had menarche at age 11 and that was her only menstrual period. In our clinic, the patient was very anxious she wore a mask covering most of her face. The history provided from the patient and her mother revealed that the patient developed pubic and axillary hair around age of 6, breast development at 10 and the one menstrual period at age 11. The mother reported that the patient also had since the age of 10, hair growing on the arms, face, abdomen, chest, and back. The patient appeared very depressed. The patient's history, physical exam and laboratory results were consistent with a diagnosis of polycystic ovary syndrome (PCOS).

PCOS is one of the most common reproductive health problems in young girls with prevalence of 12-20 percent worldwide. It can lead to infertility, may cause insulin resistance and affects on the appearance such as increased hirsutism, acne and Acanthosis Nigricans (coloration of skin). Hirsutism is devastating to young women as it changes their appearance and is a common cause of emotional, social and mental health problems such as depression and anxiety. While current treatments are effective in stopping the progression of the symptoms, they do not succeed in reversing the hirsutism so early diagnosis and treatment is paramount in order to prevent severe cosmetic, physical and emotional consequences.

Recognition and routine screening of hirsutism in the female pediatric population is a key factor in the early detection of medical conditions like hyperandrogenism, PCOS, and disorders of the adrenal glands. Hirsutism presents as excess hair growth on females usually due to high levels of testosterone. The most common sites are the face, back, arms, abdomen, and thighs. Primary care providers should be routinely screening females, utilizing methods such as the Ferrimen-Gallwey assessment tool that analyzes the amount of hair present on various parts of the body starting in early puberty so proper labs can be ordered, and treatment begun to correct the androgen imbalance (Lumezi, Berisha, Pupovci, Goci, and Harushi, 2018). Failure to detect this early can lead to a variety of problems such as poor self-esteem, obesity, and irregular menstrual cycles which could contribute to future issues with infertility.

Primary health care providers should make it part of their routine questions and assessment to focus more on the physical presentation of the patient. This should be considered a preventative measure in the physical exam just as it would be to

discuss immunizations, healthy eating habits, contraceptive, and so on. Hirsutism screening should become a gold standard practice. Obtaining a thorough medical history includes evaluation of the onset of menses and whether hair or breast bud development occurred first. Reviewing menstrual cycle patterns and assessing for signs of insulin resistance such as the presence of Acanthosis Nigricans and poor weight control are other key components to the annual physical exam.

Once the provider detects hirsutism and scores its severity, they should also assess for other signs of androgen excess such as acne, hair falling out and voice change.

In our adolescent medicine practice, we have encountered numerous female patients on a weekly basis between the ages of 13-15 who have excessive hirsutism, poorly controlled acne, insulin resistance, and menstrual irregularities. It is our opinion that these findings are easy to notice at every patient encounter at the general practice surgery. Failure to do so can lead to delayed diagnosis and intervention, resulting in increased mental, cosmetic and physical health problems that should not be allowed.

Reference

Lumezi, B. G., Berisha, V. L., Pupovci, H. L., Goçi, A., & Hajrushii, A. B. (2018). Grading of hirsutism based on the Ferriman-Gallwey scoring system in Kosovar women. *Postepy dermatologii i alergologii*, 35(6), 631–635. <https://doi.org/10.5114/ada.2018.77615>