

EDITORIAL

Renaming of PCOS: A Call to Action

Polycystic ovarian syndrome (PCOS) is one of the most prevalent (10%) endocrine disorders among the women of reproductive age, yet the terminology used to describe it is a misnomer.

PCOS diagnosis:

The diagnosis of PCOS is based on the Rotterdam criteria (2003), which require any two of the following three:

1. Oligo- or anovulation
2. Clinical or biochemical evidence of hyperandrogenism
3. Polycystic ovaries on ultrasound

The term "polycystic" refers to the appearance of multiple small follicles (12 or more, 2-9 mm) on ultrasound, not the true cysts.

As mentioned above, according to Rotterdam criteria a woman can be diagnosed as having PCOS even without polycystic morphology on ultrasound if the first 2 two criteria are met.

A Misleading Legacy:

PCOS is a complex hormonal and metabolic disorder, not just a condition of having "cysts" on the ovaries. Hence, relying only on the term "PCOS" is misleading.

Coined in the 1930s, the term "polycystic ovarian syndrome" focused on a sonographic feature that is neither specific nor universal. Research has revealed that upto 30% of patients with PCOS have normal ovarian morphology on ultrasonography. Conversely, women without PCOS may display "polycystic" ovarian appearances, particularly during adolescence. The name focuses narrowly on ovarian morphology while ignoring ovulatory dysfunction, the broader systemic and metabolic components like hyperandrogenism, insulin resistance and type-II diabetes, dyslipidemia, obesity and other cardiovascular risks, mood disorder etc. those are encompassed by the syndrome.

So the current nomenclature fails to capture this complex multisystemic burden.

This disconnect between nomenclature & diagnostic reality fuels misdiagnosis, underdiagnosis & delayed care. General physicians may exclude PCOS in patients lacking cystic ovarian appearance, despite evident hyperandrogenism and ovulatory dysfunction.

As medicine advances toward more precise, inclusive & empathetic care, it becomes increasingly clear that renaming PCOS is a necessary evolution.

Patient Voices Matter:

Patient advocacy groups have long echoed this concern. Many describe being told their condition is just cosmetic or misunderstood as merely a "gynaecological issue". A recent international survey involving over 7000 patients & clinicians across six continents, more than 80% supported renaming PCOS, citing confusion & diagnostic delay.

A New Era: What should the name reflect?

A revised nomenclature must reflect the multisystemic, endocrine-metabolic nature of the syndrome. Proposed alternatives have included terms like "Androgen excess syndrome" or 'Metabolic reproductive syndrome', though consensus remains elusive.

Importantly, the naming process must be inclusive-involving not only scientists & clinicians but also patients & public health stakeholders.

There is a strong precedent for renaming diseases as scientific & societal understanding evolves, "Juvenile diabetes" was renamed type-I diabetes & "Senile dementia" renamed as Alzheimer's disease. Terminological shift can drive better awareness, improved clarity, research focus & patient care.

The Way Forward:

The WHO, Endocrine society & Global reproductive health organizations must now lead a collaborative, inclusive process to redefine PCOS with a term grounded in evidence & empathy.

Conclusion:

Renaming PCOS is not about branding but a step forward toward equity, clarity & evidence based care.

This is call to action for global medical and research community to rectify the mislabeling of a complex disorder & move forward that honors both the science & the people it serves.

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