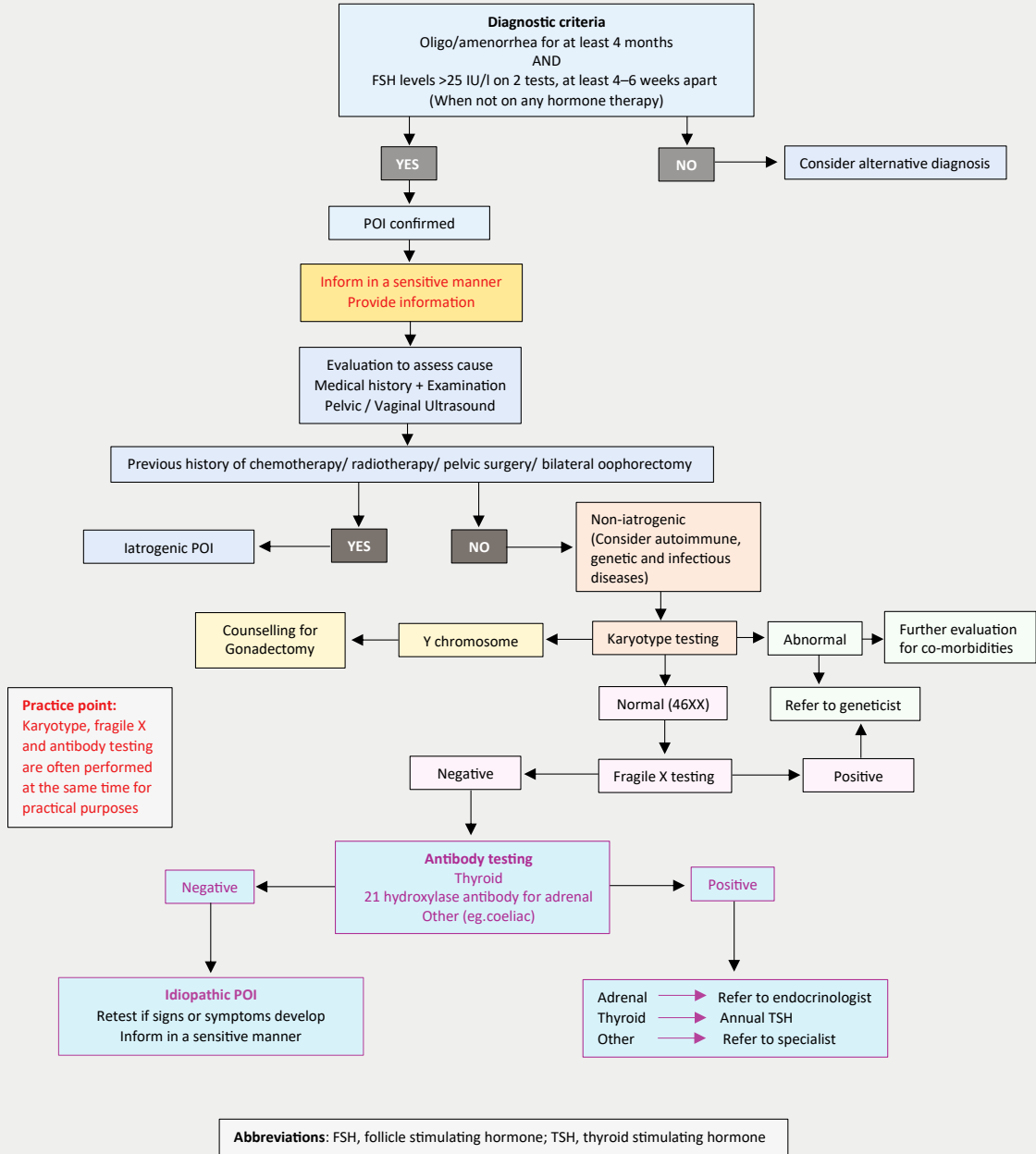## Management algorithm for diagnosis/evaluation of premature ovarian insufficiency (POI)

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 → POI confirmed

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 → Iatrogenic POI

NO → 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

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

Negative ← Fragile X testing → Positive

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

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Figure 1. Premature ovarian insufficiency diagnosis evaluation algorithm
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