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Editorial

From Polycystic Ovary Syndrome to Polyendocrine Metabolic Ovarian Syndrome: A Paradigm Shift in Understanding a Complex Endocrine–Metabolic Disorder

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ABSTRACT

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This editorial highlights the transition from Polycystic Ovary Syndrome to Polyendocrine Metabolic Ovarian Syndrome and its implications for disease classification, patient care, and future research.

Scientific discoveries have progressed alongside medical terminology over the last few decades. Recently, Polycystic Ovary Syndrome (PCOS) has shifted from a term to a more representative one. Polyendocrine Metabolic Ovarian Syndrome (PMOS), the new term, is more than just a change in terminology; this shift reflects the evolution in our understanding about one of the most common endocrine disorders affecting women, thereby improving management and outcomes. The change to the new term shifts the current understanding of a common morphological base condition to the broader systemic, hormonal, and metabolic nature of the condition. This new nomenclature acknowledges the disorder as a complex endocrine–metabolic condition, with distinct reproductive, cardiometabolic, and systemic implications, thereby warranting advanced perspectives on management and outcomes¹.

Although the traditional term PCOS was widely used to recognize the condition, it was widely considered an imperfect descriptor. It is well known that Polycystic ovarian morphology is not specific to the

syndrome and is not present in all affected women. Additionally, the old term has frequently led the affected women and even the healthcare provider to associate the condition simply with ovarian cysts, and thus, the syndrome could be underestimated and subsequently result in less favorable outcomes. Due to the narrow anatomical focus of the previous term, the major roles of insulin resistance, metabolic dysfunction, and long-term cardiovascular risk were overshadowed; all these factors have a substantial influence on morbidity and even lifespan².

The new term PMOS provides better alignment between the disease and its endocrine pathology. Additionally, the term “polyendocrine”, as part of the new nomenclature, reflects the involvement of multiple hormonal pathways, while the second term, “metabolic”, describes the multiple metabolic elements of the condition, including insulin resistance, obesity, dyslipidemia, and impaired glucose metabolism. According to the new nomenclature, these elements are part of the disease rather than secondary complications².

The well-known reproductive manifestations of the disease, including ovulatory dysfunction and infertility, led to the retention of the term "ovarian" in the new nomenclature, which aligns with the fact that ovarian manifestations are clinically important in most patients. Combining the three above terms, the new nomenclature offers a better description of the disorder.

By renaming it the new, broad term, clinicians are encouraged to stop looking at the problem through a gynecological lens and instead to use a multidisciplinary approach in which reproductive, metabolic, cardiovascular, and psychological care are part of the overall management plan³.

Following this change in terminology, the diagnostic criteria and therapeutic approach should not be changed immediately, as this will require updates to clinical guidelines to reflect new disease classification systems. Additionally, it is expected that both terms will coexist, with clear messaging to health professionals and patients, and this will require updates to educational resources targeting both clinicians and patients⁴.

Ultimately, the success of this new nomenclature will depend on its ability to improve recognition, stimulate research, and enhance patient care.

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Conflict of Interest

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