

63 On a cause of hyperprolactinemia in patients with PCOD. M.Hayashi, Y.Sakurada, I.Furuta, N.Sakuragi, T.Tanaka, S.Fujimoto, Dept. Obst. and Gynec., Hokkaido Univ. Sch. Med., Hokkaido.

It has been reported that mild hyperprolactinemia is found in up to one third of patients with polycystic ovarian disease (PCOD). In order to investigate the cause of hyperprolactinemia in PCOD patients, we studied the response of PRL to administration of  $D_2$  receptor antagonist, metoclopramide (MCP) during dopamine (DA) infusion (4ug/kg/min) in 6 normal women (volunteers; in early follicular phase) and 10 PCOD patients (on the 3rd-5th day of spontaneous menstruation or induced with drawal bleeding by gestagen). MCP was administered at the point of 90 minutes from the beginning of DA infusion. Basal PRL level was suppressed in both groups. PRL levels increased abruptly in both groups after the administration of MCP (10mg), however increment of PRL level was significantly higher in normal women than in PCOD patients ( $p < 0.001$ ). The administration of MCP (2mg) brought about slight increase in serum PRL level, but the dose didn't have any effect on serum PRL level in PCOD patients. It is suggested from those results that DA receptors in pituitary seem to be disorderd either in number or in function in PCOD patients.

64 Hyperlipidemia around menopause. — Effect of estrogen and HMG-CoA reductase inhibitor. — H.Suzuki, H.Honjo, K.Tanaka, H.Ishizaki, Y.Ogino, T.Yamamoto, H.Okada, Dept. Obst. and Gynec., Kyoto Pref. Univ. Med., Kyoto.

As the population of elderly women is increasing, we, gynecologists should pay more attention to the existence of hyperlipidemia and cardiovascular diseases. We measured serum lipids and estrogens in outpatients around menopause. Quite a few women proved to have high level of serum total cholesterol (TC). In postmenopausal women, HDL was significantly high and LDL was significantly low in cases treated with conjugated estrogen for climacteric syndrome. In cases of hyperlipidemia administered pravastatin, TC began to decrease significantly and quickly without remarkable change of triglyceride and HDL. Pravastatin did not change the level of serum  $E_2$ ,  $E_1$ , and  $E_1-S$ . We should find out hyperlipidemia in elderly women, and prevent their cardiovascular disease, using drugs such as estrogen and/or pravastatin.

65 Menstrual abnormality, lumbago and bone minerals in young women. K.Naitoh, H.Honjo, K.Tanaka, K.Ogino, T.Yamamoto, H.Okada, Dept. of Obst. and Gynec., Kyoto Prefec. Univ. of Med., Kyoto.

It is well known that post-menopausal osteoporosis is related strongly to estrogen deficiency. But bone minerals in young women with menstrual abnormality and / or lumbago is not clarified. In this study, bone minerals in these young women under 50 y.o. were investigated. Twenty four women with menstrual abnormality and twenty women with lumbago (overlapped in 13 women) in our outpatient clinics were analyzed. Bone minerals were measured with roentgenogram and Dual energy X-ray absorptiometry (DEXA) for lumbar vertebrae and microdensitometry (MD), and multiple scanning X-ray photo densitometry ( $MD/MS = MD + \sum GS + \mu' + I$ ). In the 24 young women with menstrual abnormality, seven cases showed low level of 1st degree ( $\geq$  score 7) in MD. Three cases showed low ( $\leq 2$  SD) bone mineral density (BMD) of L3 in the same 22 cases in DEXA. In the 20 young women with lumbago, five cases showed low level of 1st degree in MD. Two cases showed low ( $\leq 2$  SD) BMD in DEXA in same 20 cases. One case (20 y.o.) with lumbago, after 2 years amenorrhea, showed relatively low BMD and a fracture of collum femoris. Many cases with low boneminerals were seen in young women with menstrual abnormality and / or lumbago.