intervention to allow sexual intercourse, although vaginal dilatation is adequate in some patients. Because ovarian function is normal, assisted reproductive techniques can be used with a surrogate carrier. More recently, there have been a few cases of successful uterine transplantation in women with müllerian agenesis. AIS **(Chap. 390)** requires gonadectomy because there is risk of gonadoblastoma in the dysgenetic gonads, although surgery is generally delayed until after breast development and the pubertal growth spurt. Estrogen replacement is indicated after gonadectomy, and vaginal dilatation may be required to allow sexual intercourse.

Disorders of Ovulation Once uterus and outflow tract abnormalities have been excluded, other causes of amenorrhea involve disorders of ovulation. The differential diagnosis is based on the results of initial tests, including a pregnancy test, an FSH level (to determine whether the cause is likely to be ovarian or central), and assessment of hyperandrogenism **(Fig. 393-2)**.

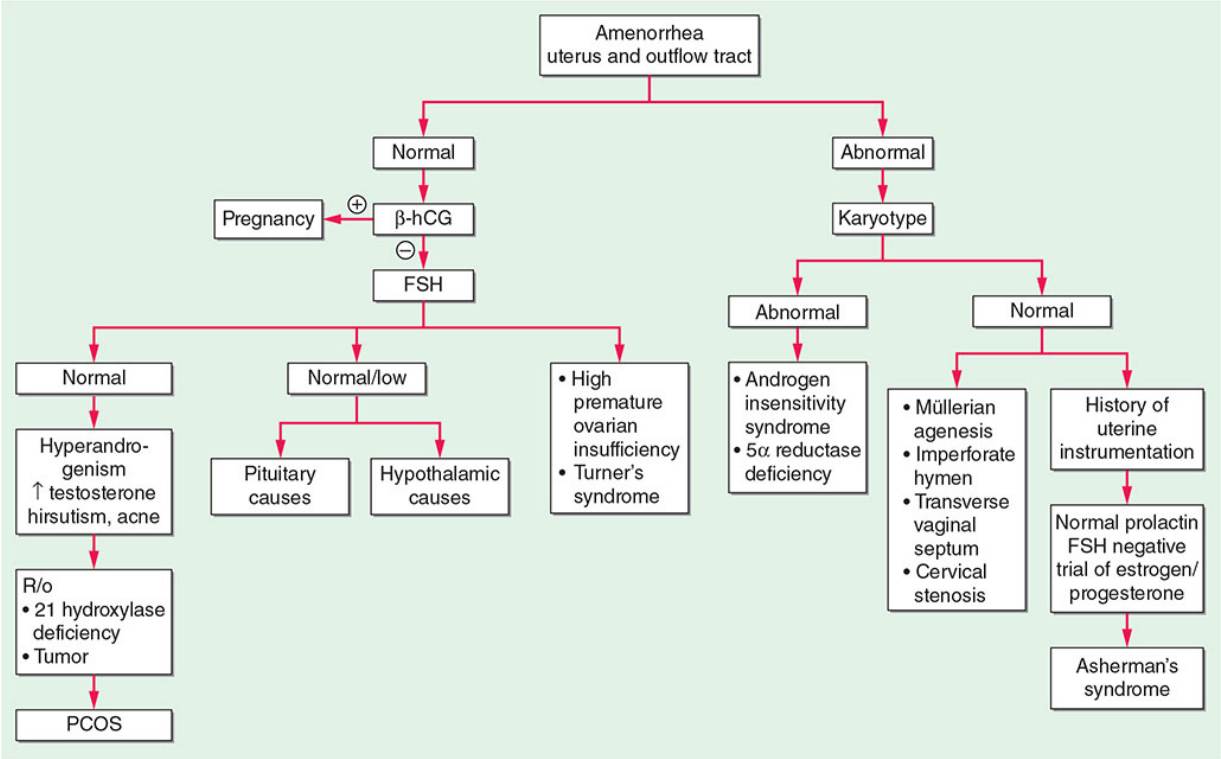

FIGURE 393-2 Algorithm for evaluation of amenorrhea. β-hCG, β-human chorionic gonadotropin; FSH, follicle-stimulating hormone; GYN, gynecologist;