(fluconazole, Amphotericin b), 18.8% over the counter creams (eg: canes-ten, monistat, 7.5% prescription vaginal creams (eg: Terconazole) and rest of them used herbal and traditional remedies.

Among the patients who getting treatment for this episode in 14 days, 44.6% are getting clinical cure (symptoms resolved). 55.4% of patients' symptoms persist or worsen.

Following pie chart showing the display the distribution of Candida species identified from survey responses.

Identified via chroma-gar / biochemistry / VITEK tests 57.8% are *Candida albicans,* 17.6% *Candida auris, Candida* 13.7% *candida krusei and rest candida tropicalis, candida glabrata*, *Candida parapsilosis* and other.

78.3% of candidasis auris positive patients are resistant Fluconazole and 65.2% resistant to Amphotericin B 4.5% of candida krusei positive patients are resistant Fluconazole. It shows 83.3% fluconazole resistance in candida Tropicalis and there is no fluconazole and Amphotericin B resistance in Candida albicans are observed.

Depending on cost, technical, professional capacity 63.8% aren't tested. 36.2% positive results are shown. Even though it's not common test to perform still have 36.2% is positive. Thus, it's important to make awareness about the local epidemiology for formation of strains, overuse and misuse of drugs and others.

Conclusions

The study found out most common species are *Candida albicans* (57.8%) but non albicans are also frequent. Thus, all vulvovaginal candidiasis couldn't be *Candida albicans* just because it's common.

And also *C. Auris* is highest resistance to fluconazole and amphotericin (most common drugs which are used in Sri Lanka). Non-albicans *(C. tropicalis , C. krusei)* also significantly resistant to fluconazole. *C. albicans* remain susceptible.

Rarely biofilm tests performed but from the performed test portion significant portion (36%) biofilm producers. Biofilm formation increases treatment failure and resistance. Expanding testing, education about outcomes is important.

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COMPARISON OF MENSTRUAL CYCLE PATTERNS DURING EXAMINATION PERIODS AND NON-EXAMINATION PERIODS IN FEMALE STUDENTS

Introduction

The menstrual cycle is a complex physiological process regulated by the delicate interaction of the hypothalamic-pituitary-ovarian (HPO) axis [1, 2]. This regulatory system is sensitive to

both internal and external stressors. When exposed to stress, the normal secretion of gonadotropin-releasing hormone (GnRH) can be disrupted, which may lead to changes in menstrual cycle patterns [2, 3]. Such disruptions may include irregular cycles, variations in cycle length, and increased severity of premenstrual syndrome (PMS) symptoms[1].

For many female students, academic examinations represent a predictable period of heightened psychological stress [4]. The pressure to achieve good academic performance, combined with factors such as reduced sleep, altered daily routines, and increased mental workload, can place considerable strain on the body. These stressors may potentially influence hormonal balance and, consequently, menstrual health [4].

Although previous research has suggested a relationship between psychological stress and menstrual irregularities, it remains important to understand how specific stressors – such as exam periods – affect female students. Gaining insight into this relationship may help provide better gynecological guidance and support for students experiencing menstrual disturbances during academically demanding periods [2, 3].

Therefore, the aim of this study is to compare self-reported menstrual cycle characteristics among female students during regular (non-exam) months and during their most recent examination period using structured survey data.

Goal

The goal of this study is to evaluate how academic stress during examination periods may influence menstrual cycle patterns in female students. Specifically, the research aims to compare menstrual cycle characteristics during periods of lower academic stress (non-exam months) with those experienced during high-stress examination periods. The study focuses on identifying possible differences in cycle regularity, changes in cycle length, and the occurrence of missed periods between these two phases. In addition, it examines variations in the severity of premenstrual syndrome (PMS) symptoms and the duration of menstrual bleeding as reported by the participants. Finally, the study seeks to measure the level of perceived stress experienced by students during the examination period in order to better understand its potential relationship with menstrual cycle changes.

Materials and methods of research

This cross-sectional, questionnaire-based study was conducted among female students to investigate possible changes in menstrual cycle patterns during periods of academic stress. A total of 86 female students aged between 17 and 30 years participated in the study, with most respondents (62,80%) belonging to the 20–24 year age group. All participants were current students and reported having ongoing menstrual cycles, confirming that they were premenopausal.

Data were collected using a structured online questionnaire consisting of four sections. The first section gathered basic demographic information such as age and student status. The second section asked participants to retrospectively describe their menstrual cycle characteristics during normal (non-exam) months, including cycle regularity, cycle length, missed periods in the past six months, severity of premenstrual syndrome (PMS), and duration of menstrual bleeding. The third section assessed the same menstrual parameters but specifically during the participants' most recent examination period, allowing a direct comparison between exam and non-exam phases.

The final section evaluated the level of perceived stress experienced during the last examination period using four questions adapted from the Perceived Stress Scale (PSS). Responses were recorded on a five-point Likert scale ranging from 0 (never) to 4 (very often). The collected data were then compiled and analyzed using descriptive statistics. Frequencies and percentages were calculated for each response category, and comparisons between exam and non-exam periods were made by examining percentage differences across the corresponding variables.

The results of the research and their discussion

A total of 86 female students completed the survey. The results were analyzed by comparing menstrual cycle patterns during regular academic periods with those reported during the most recent exam period.

The comparison presented in Table 1 focuses on menstrual cycle regularity and highlights any changes observed between non-exam and exam periods.

Table 1 – Menstrual cycle irregularity

Regularity	NonExam Period (%)	Exam Period (%)	Percentage Point Change
Very regular	24,40%	16,00%	–8,1
Mostly regular	43,00%	37,20%	–5,8
Sometimes irregular	22,10%	27,90%	+5,8
Often irregular	10,50%	18,60%	+8,1

As shown in Table 1, menstrual cycle irregularity increased during exam periods. The percentage of students reporting “often irregular” cycles nearly doubled, rising by 8,1 percentage points.Table 2 compares the occurrence of missed periods during the last six months with those reported during the exam period.

Table 2 – The occurrence of missed periods during the last six months

Missed Periods	NonExam Period (%)	Exam Period (%)	Percentage Point Change
No	69,80%	69,80%	0,0
Yes, once	16,30%	10,50%	–5,8
Yes, 2–3 times	04,60%	11,60%	+7,0
Yes, more than 3 times	09,30%	08,10%	–1,2

As shown in Table 2, the proportion of students who did not miss any periods remained the same (69,80%). However, there was an increase of 7,00% in students reporting that they missed 2–3 periods during exam periods, indicating repeated menstrual disruption for some individuals.

Table 3 – Premenstrual syndrome (PMS) symptom severity

PMS Severity	NonExam Period (%)	Exam Period (%)	Percentage Point Change
Mild	28,20%	22,90%	–5,3
Moderate	49,00%	44,60%	–4,8
Severe	17,60%	22,90%	+5,3
Very severe	04,80%	09,60%	+4,8

Table 3 shows a clear increase in the severity of PMS symptoms during exam periods. The proportion of students reporting “severe” or “very severe” symptoms rose from 22,40% during non-exam months to 32,50% during exams, representing an increase of 10,1percentage points. A clear relationship between exam-induced stress and negative changes in menstrual cycles was found among the female students, thereby supporting our hypothesis.

Key findings include an increase in irregularities in menstrual cycles, an increase in missed menstrual cycles, and an increase in PMS symptoms. An increase in “Often irregular” cycles from 10,50% to 18,60% indicates that exam stress affects the hypothalamic-pituitary-adrenal axis because cortisol inhibits GnRH secretion.

PMS symptoms also showed an increase from “Severe” to “Very Severe.” This indicates that stress increases PMS symptoms, which may affect the quality of life and academic performance among students during exam time.

Interestingly, the duration of menstrual bleeding was unchanged among the students. This indicates that while stress affects the timing of menstrual cycles, it does not affect the duration of menstrual bleeding.

Conclusions

On the basis of the results obtained from this study, it can be concluded that the periods of exams are linked with identifiable disturbances in the menstrual cycles of female students. The results showed a marked trend towards the increased irregularity of cycles, with the number of students experiencing “often irregular” cycles close to doubling during the periods of exams. Moreover, there was a marked increase in the number of missed cycles and a substantial increase in the severity of premenstrual symptoms. Although the duration of bleeding did not change, the dramatic changes in the timing and severity of symptoms indicate that academic stress affects the hypothalamic-pituitary-ovarian axis of female students suffering from gynecological disturbances.

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PREVALENCE OF POLYCYSTIC OVARY SYNDROME (PCOS) SYMPTOMS IN THE GENERAL POPULATION AND THEIR CORRELATION WITH QUALITY OF LIFE AND HEALTHCARE-SEEKING BEHAVIOR

Introduction

Polycystic ovary syndrome (PCOS) represents a prevalent endocrine disorder among reproductive-aged women globally and constitutes a significant cause of female infertility and associated long-term health sequelae. Current epidemiological estimates indicate that PCOS affects approximately 6–13% of women in this demographic, yet a substantial proportion of cases-up to 70% worldwide-remain undiagnosed. [1] The clinical presentation of PCOS is primarily defined by hormonal dysregulation, manifesting as menstrual irregularities, hyperandrogenism, and polycystic ovarian morphology. These physiological disturbances contribute to adverse outcomes across multiple domains, including reproductive function, metabolic health, and psychological well-being [1].

In normal physiology, ovarian function operates through a cyclical pattern governed by intricate endocrine feedback mechanisms. In PCOS, however, this regulatory process is