

Endometrial Hyperplasia

Patient Information Series – What you should know, what you should ask.

What is an endometrial hyperplasia?

Endometrial hyperplasia is a non-physiological, non-invasive proliferation of the endometrium, inner lining of the uterus.

How does endometrial hyperplasia happen?

Endometrial hyperplasia develops in a background of chronic stimulation of the endometrium by estrogens unopposed by a progestin.

How frequent is endometrial hyperplasia in women?

The incidence of endometrial hyperplasia is 133 cases per 100000 women. Most cases appear in women aged 50 to 54 years.

How to suspect endometrial hyperplasia?

Most endometrial hyperplasia manifest with uterine bleeding, especially in perimenopausal period.

Are there different types of endometrial hyperplasia?

Yes. There are two main types. One type is characterized by the absence of cellular atypia and the other is characterized by the presence of cellular atypia

What are the risk factors for developing endometrial hyperplasia?

Some factors increase the risk for developing endometrial hyperplasia such as: Age >35 years, Caucasian ethnicity, Family history, Postmenopausal status, Early menarche/late menopause, Prolonged perimenopause, Null parity, Smoking, Genetic mutations, Obesity, Diabetes mellitus, Polycystic ovarian syndrome (PCOS), Functional tumors, Lynch syndrome/hereditary non-polyposis colorectal cancer (HNPCC), Long-term Tamoxifen therapy, estrogen only hormone replacement therapy, Exogenous estrogen exposure.

Is there a risk for developing endometrial cancer?

Yes. However, it depends on the type. The risk for endometrial hyperplasia without atypia is 2-3%, whereas for endometrial hyperplasia with atypia is about 30-50%.

Endometrial Hyperplasia

Patient Information Series – What you should know, what you should ask.

How can endometrial hyperplasia be diagnosed?

The presence of bleeding in perimenopausal or postmenopausal period should rise the clinical suspicion. Ultrasound may suspect the presence of endometrial hyperplasia, but sonographic findings are not specific. For this reason, the best diagnostic method is endometrial sampling.

How endometrial hyperplasia should be treated?

Endometrial hyperplasia treatment may be medical therapy or surgery. In case of endometrial hyperplasia with atypia, hysterectomy is the treatment of choice. Only in cases of premenopausal women with childbearing desire, medical treatment can be considered. Endometrial hyperplasia without atypia should be treated medically. The best options are oral progestins or Levonorgestrel-intrauterine devices.

Last updated April 2023