Mersey and West Lancashire Teaching Hospitals
NHS Trust

Endometrial hyperplasia

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إذا احتجت إلى هذه النشرة بلغة أُخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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What is endometrial hyperplasia?

It is an abnormal thickening of the lining of the womb (endometrium). The changes can be present:

- in the lining itself,
- or inside a polyp within the womb cavity.

Is endometrial hyperplasia harmful?

It is **not** cancer. It is linked to a higher risk of developing cancer in the future. We look at the cells under a microscope. This is to see if endometrial hyperplasia has either:

- no abnormal cells (without atypia) or
- abnormal cells (with atypia, or atypical).

If you have no abnormal cells (without atypia**)**, the risk of developing cancer in the lining of the womb in future is less than 1 in every 20 people.

If you have abnormal cells (atypical), the risk of developing cancer is up to 1 in 3. In some people (about 1 in 7), cancer cells can already be present when the condition is first diagnosed.

What causes endometrial hyperplasia?

The most likely cause is an imbalance between the female hormones oestrogen and progesterone. If oestrogen is high, it affects the lining of the womb more than progesterone can balance out. Both hormones are produced by the ovary, but can also be in the form of a medication or treatment. Oestrogen is also made in body fat. There are many situations in which the oestrogen is out of balance with progesterone, for example:

- Being overweight or obese.
- Polycystic ovarian syndrome. A condition that results in hormone imbalance, obesity and period problems (periods are spread apart or do not happen at all).
- Taking medication which has oestrogen (such as HRT), with no or not enough progesterone. If you are taking HRT and have not had a hysterectomy, it is important to have both hormones in the HRT.
- If you have had breast cancer or you are taking medications after breast cancer treatment to lower the chance of the breast cancer coming back, such as Tamoxifen.
- Strong family history of breast, womb or bowel cancer (for example Lynch syndrome).

What symptoms could I have with endometrial hyperplasia?

- Most women with endometrial hyperplasia have some unusual vaginal bleeding.
- Periods can become very heavy, frequent or last longer than usual.
- There can be bleeding between periods or after sex.
- Unexpected vaginal bleeding after the menopause.

How is endometrial hyperplasia diagnosed?

If you have any of the symptoms above, we will offer you tests.

Sometimes hyperplasia is suspected during an ultrasound scan. If so, we will offer you another test called a hysteroscopy (internal camera examination of the womb cavity). This lets us see inside the womb cavity. To get the correct diagnosis we need to take a sample of the womb lining (biopsy), to look at under a microscope in the lab.

Most people have their hysteroscopy as an outpatient in a clinic. Sometimes a general anaesthetic may be needed. The healthcare professional will be able to tell if the womb lining is smooth or irregular, or if there are any polyps (fleshy skin tags) growing from the womb lining. If polyps are found inside the womb, these will need to be removed, if they have not been removed already. Nearly 1 in 5 polyps have precancerous or cancerous changes within the polyp.

Sometimes the hyperplasia cells are found within polyps, or sometimes in the background womb lining.

How is endometrial hyperplasia treated?

Both medicines and surgical treatment are available. The best options for you will depend on the type of endometrial hyperplasia and your personal situation. We will talk to you about treatment options during your consultation with a specialist doctor (gynaecologist).

If you were diagnosed with endometrial hyperplasia without atypia**,** we will talk to you about treatment options. These may include:

- Weight loss if you are overweight or obese.
- Progesterone hormone treatment with a progesterone hormone-releasing coil (LNG-IUS). This is inserted into the womb cavity and stays there for 5 years. This is the best way of returning the womb lining to normal. It controls the bleeding better. It also helps stop the return of polyps and hyperplasia in the future.
- Progesterone hormone treatment with tablets that you take daily for at least 6 months. If you are overweight or obese, you should lose weight to minimise the risk of the medication not working effectively, or endometrial hyperplasia coming back after treatment.

- If you have polycystic ovarian syndrome and do not have regular periods, medication needs to be taken to make sure you have at least 4 periods a year. This is to make sure the womb lining does not thicken again. If you do not have natural periods, progesterone tablets can be used to bring on a bleed. Your doctor can prescribe them. If you prefer not to have periods you can have a progesterone hormone-releasing coil (LNG-IUS) inserted.
- If you take HRT, your treatment will need to be reviewed to see if you should stop the HRT for a time or if changes need to be made to the regime.
- A hysterectomy (removal of your womb) may sometimes be offered if you have completed your family and it is right for your situation, especially if medical treatment does not work. This is not needed for most women.

If you were found to have atypical endometrial hyperplasia, you will usually be offered a hysterectomy (removal of your womb) and possibly removal of your ovaries, as the first choice. This is because of the higher risk of cancer cells already being present somewhere in the womb.

Other treatments such as a progesterone hormone-releasing coil (LNG-IUS) or high dose progesterone tablets may be offered to you, if you are advised against a hysterectomy or prefer not to have one because of your personal circumstances. These options have not been thoroughly studied and you could go on to develop womb cancer, despite the treatments.

How will treatment be monitored?

In most women, endometrial hyperplasia can be treated successfully with hormone treatment and does not progress to cancer.

You will need a follow-up appointment to check if the womb lining has gone back to normal. You will need a repeat biopsy, with or without a hysteroscopy, at 6 months and again at 12 months.

There may be special reasons that need a longer period of checking with ultrasound or tissue sampling. We will talk to you about your personal treatment plan during your consultation with a gynaecologist.

If the endometrial hyperplasia does not go away with hormone treatment, or if it comes back after treatment, we may talk to you about having surgery (hysterectomy) if this is a suitable option.

Contact details

If you have any further questions about this condition or your treatment, please contact your doctor's secretary or your GP.

You can make a note of your questions here to discuss with your doctor at your follow up appointment.

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