



Endometrial Hyperplasia

Endometrial hyperplasia is a condition that occurs when the lining of the uterus (endometrium) grows too much. It is a benign (not cancer) condition. In some cases, however, it can lead to cancer of the uterus. Some women are at higher risk of hyperplasia. Endometrial hyperplasia can be treated, and women at risk can take steps to protect against it.

Endometrial hyperplasia is more likely to occur in certain women. Those most at risk are women who:

- Are in the years around menopause
- Skip menstrual periods or have no periods at all
- Are overweight
- Have diabetes
- Have polycystic ovary syndrome
- Take estrogen without progesterone to replace the estrogen their body is no longer making and to relieve symptoms of menopause

The most common symptom of hyperplasia is abnormal vaginal bleeding.

The endometrium is the lining of the uterus. This lining grows and thickens every month to prepare the uterus for pregnancy. If pregnancy does not occur, the lining is shed during the menstrual period. The female hormones—estrogen and progesterone—control the changes in the uterine lining. Estrogen builds up the uterine lining. Progesterone maintains and controls this growth. At the middle of the cycle (about day 14), ovulation occurs (an egg is released from the ovary). If an egg is not fertilized, hormone levels drop. This drop triggers a normal, regular menstrual period.

As women near menopause, their bodies produce lower amounts of these hormones. Estrogen without enough progesterone may cause the lining of the uterus to thicken. This is called endometrial hyperplasia. In some cases of endometrial hyperplasia, the cells of the lining become abnormal. This is called atypical hyperplasia. This condition can lead to cancer of the uterus.

If you have abnormal bleeding along with any of the other risk factors, you may need to be tested for endometrial hyperplasia. One or more tests may be required.

Ultrasound

Your doctor may suggest you have a vaginal ultrasound exam. For this test, a small device is placed in your vagina. Fluid may be placed in your uterus. Ultrasound uses sound waves to make a picture of the uterine lining.

Biopsy

Endometrial hyperplasia also may be found with a biopsy of the endometrium. Endometrial biopsy can be done in a doctor's office. Your doctor puts a narrow tube inside the uterus to take a sample of cells. You may feel some cramping during the test. The cells will be sent to a lab and checked under a microscope. Endometrial biopsy results may detect cancer of the uterus.

Dilation and Curettage

For dilation and curettage (D&C), the opening of the uterus is stretched (dilated). A special device called a curette is used to gently loosen and remove a sample of the uterine lining. This tissue then is studied in the lab to check for cancer.

Hysteroscopy

For hysteroscopy, your doctor inserts a slender, telescope-like device into the uterus to look for areas in the lining that may be abnormal. He or she then removes cells from these areas and sends the sample to a lab for testing.

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Treatment

In most cases, endometrial hyperplasia can be treated with medication that is a form of the hormone progesterone. Taking progesterone will cause the lining to shed and prevent it from building up again. It often will cause vaginal bleeding. How much and how long you take progesterone depends on your condition. After you have been taking progesterone, the lining of the uterus may be tested again by endometrial biopsy.

If the problem persists, more treatment (such as other medication or surgery) may be used. Hysterectomy (surgery to remove the uterus) may be an option if you have completed your family and your biopsy showed cells that could become cancer (atypical hyperplasia). If you wish to have children, other options can be discussed.

Women can take steps to reduce the risk of endometrial hyperplasia. This can protect women with certain risk factors as well as help keep it from recurring.

- If you take estrogen after menopause, you need to take a form of progesterone to reduce the risk of endometrial hyperplasia and cancer of the uterus.
- If you don't have monthly periods, you may need to take a form of progesterone to help prevent the lining of the uterus from growing too much. Birth control pills (oral contraceptives) contain estrogen along with a form of progesterone. They may help protect against endometrial hyperplasia in women who don't have regular periods.
- If you are overweight, losing weight may help.