Wirral University
Teaching Hospital
NHS Foundation Trust

Endometrial Hyperplasia

Patient Information Leaflet

What is endometrial hyperplasia?

Endometrial hyperplasia is a thickening of the endometrium, (the lining of the womb).

What causes endometrial hyperplasia?

Endometrial hyperplasia is usually caused by an excess of oestrogen.
Oestrogen and progesterone are hormones secreted by the ovaries that control the growth and shedding of the uterine lining. Oestrogen causes the growth of the uterine lining and progesterone counteracts this growth.
If, over a long time, there is an excess of oestrogen without progesterone, this can cause overgrowth of the womb lining and result in endometrial hyperplasia.

When does endometrial hyperplasia happen?

Endometrial hyperplasia can happen around the time of the menopause when the ovaries do not work as regularly as before. Most commonly endometrial hyperplasia usually happens after the menopause, when the ovaries stop working and progesterone is no longer made.

There are also some other situations in which women may have high levels of oestrogen and not enough progesterone:

- Use of medications that act like oestrogen.
- Long-term use of high doses of oestrogen after the menopause (in women who have not had a hysterectomy).
- Irregular menstrual periods especially associated with polycystic ovary syndrome or infertility.
- Obesity.

What risk factors are associated with endometrial hyperplasia?

Endometrial hyperplasia is more likely to occur in women with the following risk factors:

- Age over 35 years.
- Never having been pregnant.
- Older age at menopause (over 55 years old).
- Early age when menstruation started.
- Personal history of certain conditions, such as diabetes mellitus, polycystic ovary syndrome, gallbladder disease, or thyroid disease.
- Obesity.
- Cigarette smoking.

Family history of ovarian, bowel, or womb cancer

What are the types of endometrial hyperplasia?

1. Endometrial hyperplasia without atypia

In this type of endometrial hyperplasia, more cells have been produced and crowd together, making the lining of the womb thicker. However, the cells are all normal.

2. Atypical endometrial hyperplasia

In this type of endometrial hyperplasia, the cells are not normal (they are said to be atypical).

What are signs and symptoms of endometrial hyperplasia?

The most common sign of endometrial hyperplasia is abnormal vaginal bleeding, such as bleeding after the menopause or very heavy periods around the time of the menopause.

How is endometrial hyperplasia diagnosed?

An ultrasound scan may be done to measure the thickness of the endometrium. A thickened endometrium may suggest that endometrial hyperplasia is present. The only way to diagnose endometrial hyperplasia for certain is to take a small sample of tissue (biopsy).

A biopsy can be taken by using a fine, flexible plastic tube which is inserted through the cervix (the neck of the womb) into the womb cavity to suction some cells from the womb lining. Alternatively, a sample can be taken during a hysteroscopy (a camera to look inside the womb). The tissue is then studied under a microscope to confirm whether endometrial hyperplasia is present.

Can endometrial hyperplasia lead to cancer?

In endometrial hyperplasia without atypia, the risk of womb cancer developing over 20 years is less than 5%.

In most women with this type of endometrial hyperplasia, the cells in the lining of the womb will go back to normal by themselves. Your Doctor may recommend some hormone treatment (see below) to help the cells go back to normal.

Treatment of Endometrial Hyperplasia without atypia

1. Progesterone treatment:

This is the most effective treatment for endometrial hyperplasia, with around a 90% chance of the cells going back to normal.

The progesterone hormone can be given in two different ways:

a) The progesterone containing intrauterine system.
This is a type of coil that is also sometimes used for contraception. It sits inside the womb and releases progesterone to thin the lining of the womb. It has the best success rate for treating endometrial hyperplasia and the fewest side effects. It can be fitted in clinic.

b) Progesterone tablets. can be given, such as Provera (medroxyprogesterone acetate) or norethisterone. The tablets must be taken every day as prescribed for at least six months.

2. Observation.
In certain circumstances progesterone treatment may not be appropriate and observation without any treatment may be recommended with a further biopsy after 6 months.

3. Follow up.
With all types of treatment options, you will need to have follow-up appointments to see if the cells are going back to normal. This is usually with a repeat endometrial biopsy or a hysteroscopy after 6 months, and again after 12 months. You may be discharged after two negative biopsies.

If you have any abnormal bleeding while you are having follow-up or after you have been discharged, you should inform your GP as you may need a repeat biopsy taking.

Treatment of Endometrial Hyperplasia with atypia,
If you have atypical hyperplasia has a higher the risk of cancer.
Hysterectomy is usually the best treatment option if you do not want to have any more children. Your Doctor will discuss this with you further.

What can I do to help prevent endometrial hyperplasia?

You can take the following steps to reduce the risk of endometrial hyperplasia:

- If you are taking HRT, make sure that you are taking both oestrogen and progesterone, and that you are taking it as prescribed by your Doctor. You may be given a different HRT that has a higher dose of progesterone.
- Tell your Doctor if you are taking other over the counter medicines that may act like oestrogen, such as remedies for menopausal symptoms.
- If you are taking medicines such as Tamoxifen, discuss this with your Doctor. Do not stop taking any medicines unless advised by your Doctor.
- If you are overweight, losing weight may help. The risk of endometrial hyperplasia and womb cancer increases with the degree of obesity.

Useful Phone Numbers & Further Information

Gynaecology clerks *(they can put you through to the Specialist Nurses)* – **0151 604 7043**

Royal College of Obstetricians and Gynaecologists *(Management of Hyperplasia guidelines)*
https://www.rcog.org.uk/globalassets/documents/guidelines/green- topguidelines/gtg_67_endometrial_hyperplasia.pdf

This leaflet is available in large print, Braille and on tape. Please contact 0151 604 7289 if calling from outside the Hospital and x2761 if calling from inside the Hospital.

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