ENDOMETRIAL HYPERPLASIA JUNE, 1985

The term hyperplasia means overgrowth. Endometrial hyperplasia is a condition where the endometrial lining of the uterus has grown too thick. Normally it is rather thin, and about half of its thickness is lost each month during menstruation. If ovulation does not occur,the ovaries continue to produce estrogen (see menstrual cycle page) and this stimulates and builds up the endometrial lining and delays the onset of the menstrual bleeding.

Most of the time endometrial hyperplasia is not too serious. It is a painless condition. The only symptom is abnormal bleeding which is sometimes preceded by a time of absence of menstruation. Hyperplasia following menopause can be associated with either minimal spotting or prolonged and heavy bleeding.

In older women the problem may progess to a situation where the glands in the endometrial lining become more numerous and packed together. This is a more severe type of hyperplasia and is called adenomatous hyperplasia.

Some doctors think that endometrial hyperplasia can be precancerous. There is disagreement on this issue. It is possible for hyperplasia to co-exist with cancer. Usually it is the adenomatous hyperplasia which they suspect of being precancerous

Hyperplasia is caused by continual estrogen stimulation of the uterine lining without the counterbalancing effect of progesterone. In post menopausal women, estrogen replacement therapy may cause hyperplasia. Hyperplasia can also occur in women with ovarian tumors or polycystic ovaries.

Diagnosis of endometrial hyperplasia is made by D & C (dilation and curretage which scraps the lining of the uterus.) Hyperplasia can often revert to its normal thickness after a D & C or even without treatment in younger women.

Treatments depend on a woman's age, severity of bleeding and microscopic analysis based on the D & C:

1. See attached alternate treatments for estrogen imbalance.

2. Administration of either oral or intramuscular synthetic progesterone (Provera) for short periods of time. Birth control pills may help bring on regular ovulation after a few months use. Provera builds up the progesterone in the body. When the shots stop, progesterone rapidly leaves the body and should cause the endometrial lining to break down and shed. The use of progesterone therapy is controversial and would need to be combined with regular D & Cs to check on the condition of the endometrial lining. (See WOMANCARE)

3. Hysterectomy is usually offerred for adenomatous hyperplasia.