ACOG
The American College of Obstetricians and Gynecologists

FAQs

Endometrial Hyperplasia

Frequently Asked Questions

What is endometrial hyperplasia?

When the endometrium, the lining of the uterus, becomes too thick, it is called endometrial hyperplasia. This condition is not cancer, but in some cases, it can lead to cancer of the uterus.

What is the role of the endometrium?

The endometrium changes throughout the menstrual cycle in response to hormones. During the first part of the cycle, the hormone estrogen is made by the ovaries. Estrogen causes the lining to grow and thicken to prepare the uterus for pregnancy. In the middle of the cycle, an egg is released from one of the ovaries (ovulation).

Following ovulation, levels of another hormone called progesterone begin to increase. Progesterone prepares the endometrium to receive and nourish a fertilized egg. If pregnancy does not occur, estrogen and progesterone levels decrease. The decrease in progesterone triggers menstruation, or shedding of the lining. Once the lining is completely shed, a new menstrual cycle begins.

What causes endometrial hyperplasia?

Endometrial hyperplasia most often is caused by excess estrogen without progesterone. If ovulation does not occur, progesterone is not made, and the lining is not shed. The endometrium may continue to grow in response to estrogen. The cells that make up the

lining may crowd together and may become abnormal. This condition, called hyperplasia, can lead to cancer.

When does endometrial hyperplasia occur?

Endometrial hyperplasia usually occurs after menopause , when ovulation stops and progesterone is no longer made. It also can develop during perimenopause , when ovulation may not occur regularly. There may be high levels of estrogen and not enough progesterone in other situations, including when a woman

- uses medications that act like estrogen, such as tamoxifen for cancer treatment
- uses estrogen for hormone therapy and does not use progesterone or progestin if she still has a uterus
- has irregular menstrual periods, especially associated with polycystic ovary syndrome (PCOS) or infertility
- has obesity

What risk factors are associated with endometrial hyperplasia?

Endometrial hyperplasia is more likely to occur in women with risk factors, including

- age older than 35
- never having been pregnant
- older age at menopause
- early age when menstruation started
- history of certain conditions, such as diabetes mellitus , PCOS, gallbladder disease, or thyroid disease
- obesity
- cigarette smoking
- family history of ovarian, colon, or uterine cancer

What are the types of endometrial hyperplasia?

Doctors describe endometrial hyperplasia based on the type of cell changes in the uterine lining. There are three categories:

- Benign endometrial hyperplasia—cell changes in the lining that are not cancer
- Endometrial intraepithelial neoplasia (EIN) —precancerous changes in the lining
- Endometrial adenocarcinoma, endometrioid type, well differentiated—cancerous changes in the lining

What are signs and symptoms of endometrial hyperplasia?

The most common sign of hyperplasia is abnormal uterine bleeding. If you have any of the following, you should see your obstetrician–gynecologist (ob-gyn) :

- Bleeding during your period that is heavier or lasts longer than usual
- Menstrual cycles that are shorter than 21 days (counting from the first day of the menstrual period to the first day of the next menstrual period)
- Any bleeding after menopause

How is endometrial hyperplasia diagnosed?

There are many causes of abnormal uterine bleeding. If you have abnormal bleeding and you are 35 or older, or if you are younger than 35 and your abnormal bleeding has not been helped by medication, your ob-gyn may recommend diagnostic tests for endometrial hyperplasia and cancer.

What tests may be done to diagnose abnormal bleeding?

A transvaginal ultrasound exam may be done to measure the thickness of the endometrium. For this test, a small device is placed in your vagina . Sound waves from the device are converted into images of the pelvic organs. If the endometrium is thick, it may mean that endometrial hyperplasia is present.

The only way to tell for certain that cancer is present is to take a small sample of tissue from the endometrium and study it under a microscope. This can be done with an endometrial biopsy , dilation and curettage (D&C) , or hysteroscopy .

What treatments are available for endometrial hyperplasia?

In many cases, endometrial hyperplasia can be treated with progestin. Progestin is given orally, in a shot, in an intrauterine device (IUD) , or as a vaginal cream. How much and how long you take it depends on your age and the type of hyperplasia. Treatment with progestin may cause vaginal bleeding like a period.

If you have EIN changes in the lining, the risk of cancer is increased. Hysterectomy may be a treatment option if you do not want another pregnancy. Talk with your ob-gyn about the right treatment for you.

What can I do to help prevent endometrial hyperplasia?

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

- If you take estrogen after menopause, you also need to take progestin or progesterone.
- If your periods are irregular, birth control pills may be recommended. They contain estrogen along with progestin. Other forms of progestin also may be taken.
- If you are overweight, losing weight may help.

Glossary

Cells: The smallest units of a structure in the body. Cells are the building blocks for all parts of the body.

Diabetes Mellitus: A condition in which the levels of sugar in the blood are too high.

Dilation and Curettage (D&C): A procedure that opens the cervix so tissue in the uterus can be removed using an instrument called a curette.

Egg: The female reproductive cell made in and released from the ovaries. Also called the ovum.

Endometrial Biopsy: A procedure in which a small amount of the tissue lining the uterus is removed and examined under a microscope.

Endometrial Hyperplasia: A condition in which the lining of the uterus grows too thick.

Endometrial Intraepithelial Neoplasia (EIN): A precancerous condition in which areas of the lining of the uterus grow too thick.

Endometrium: The lining of the uterus.

Estrogen: A female hormone produced in the ovaries.

Hormone Therapy: Treatment in which estrogen and often progestin are taken to help relieve symptoms that may happen around the time of menopause.

Hormones: Substances made in the body to control the function of cells or organs.

Hysterectomy: Surgery to remove the uterus.

Hysteroscopy: A procedure in which a lighted telescope is inserted into the uterus through the cervix to view the inside of the uterus or perform surgery.

Intrauterine Device (IUD): A small device that is inserted and left inside the uterus to prevent pregnancy.

Menopause: The time when a woman's menstrual periods stop permanently. Menopause is confirmed after 1 year of no periods.

Menstrual Cycle: The monthly process of changes that occur to prepare a woman's body for possible pregnancy. A menstrual cycle is defined as the first day of menstrual bleeding of one cycle to the first day of menstrual bleeding of the next cycle.

Menstrual Periods: The monthly shedding of blood and tissue from the uterus.

Menstruation: The monthly shedding of blood and tissue from the uterus that happens when a woman is not pregnant.

Obesity: A condition characterized by excessive body fat.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women's health.

Ovaries: Organs in women that contain the eggs necessary to get pregnant and make important hormones, such as estrogen, progesterone, and testosterone.

Ovulation: The time when an ovary releases an egg.

Perimenopause: The time period leading up to menopause.

Polycystic Ovary Syndrome (PCOS): A condition that leads to a hormone imbalance that affects a woman's monthly menstrual periods, ovulation, ability to get pregnant, and metabolism.

Progesterone: A female hormone that is made in the ovaries and prepares the lining of the uterus for pregnancy.

Progestin: A synthetic form of progesterone that is similar to the hormone made naturally by the body.

Tamoxifen: An estrogen-blocking medication sometimes used to treat breast cancer.

Transvaginal Ultrasound Exam: A type of ultrasound in which the device is placed in your vagina.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus. Also called the womb.

Vagina: A tube-like structure surrounded by muscles. The vagina leads from the uterus to the outside of the body.

If you have further questions, contact your ob-gyn.

Don't have an ob-gyn? Learn how to find a doctor near you.

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