

PROLIFERATIVE ACTIVITY IN A POSTMENOPAUSAL ENDOMETRIUM: HOW TO MANAGE? A REVIEW

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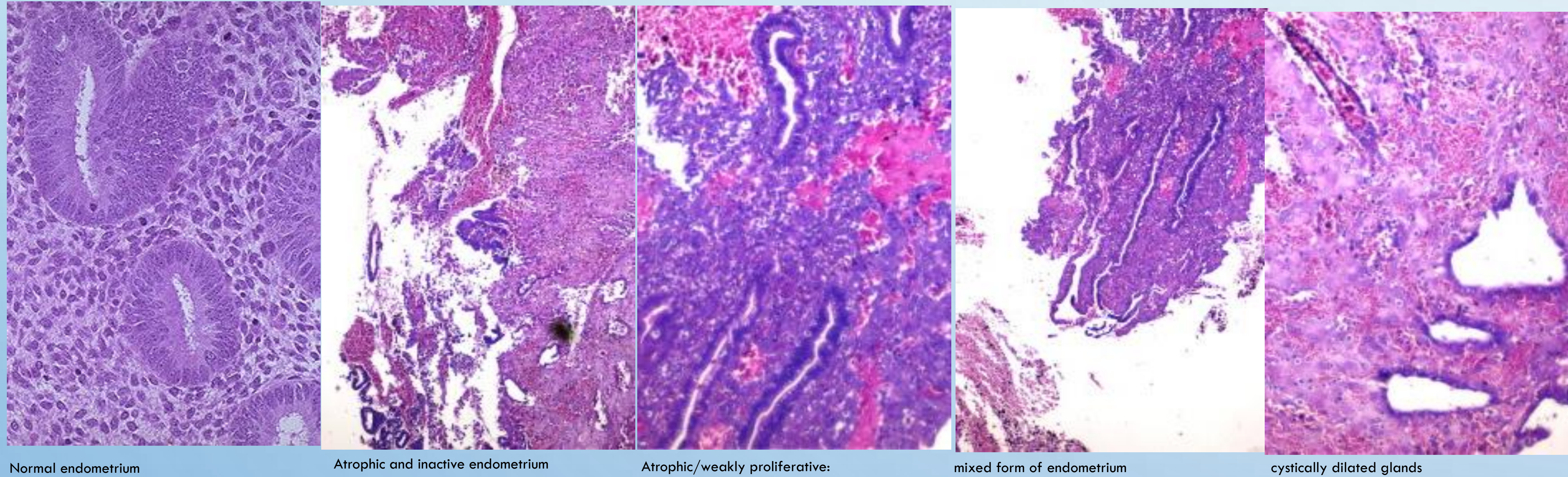


OBJECTIVE:

OUR AIM IS TO ASSESS THE LONG-TERM OUTCOME OF ESTROGENIC OR PROLIFERATIVE ENDOMETRIUM IN POSTMENOPAUSAL BLEEDING (PMB) WOMEN AND DETERMINE WHETHER ANY MEDICAL INTERVENTION IS AVAILABLE TO REDUCE THE RISK OF ENDOMETRIAL CANCER OR HYPERPLASIA, AS WELL AS THE RISK OF FUTURE SURGICAL INTERVENTION.

METHOD:

SYSTEMATIC REVIEW OF LITERATURE AND DATABASES TO ESTABLISH AN EVIDENCE-BASED CURRENT PRACTICE FOR MANAGING PATIENTS WITH POSTMENOPAUSAL BLEEDING AND PROLIFERATIVE ENDOMETRIUM.



MANAGEMENT:

Current management for this group of patients varies and is primarily determined by risk factors, such as obesity, Lynch syndrome, unopposed oestrogen for endometrial carcinoma, and medical co-morbidities.

Unlike endometrial hyperplasia, proliferative endometrium has not been associated with the risk of endometrial cancer.

Proliferative endometrium has been reported in 15% of endometrial biopsies of women aged 50 years and older.

Evidence suggests that long-term monitoring is needed for women with postmenopausal bleeding and a proliferative endometrium histology. Further studies are needed to examine if a treatment is required to negate the risk of unopposed estrogen.

RESULTS:

Recommended by SIGN:

- TVUS is the first line investigation for PMB.
- Thicker endometrium, risk of pathology increases, warranting further investigation.
- Currently, endometrial thickness of 4mm offers the sensitivity (91.6%) and specificity (44.5%).
- Direct inspection and sampling of endometrial tissue is considered the gold standard.
- Current practise and SIGN guidelines recommend the use of endometrial biopsy with Pipelle.

Studies have shown

proliferative endometrium is not uncommon

Suggest that cancers of the endometrium originate from a background of proliferative activity

Management: Variety of ways to manage

In consideration of risk factors in developing endometrial hyperplasia or carcinoma, the management varies.

- ❖Reassure before discharging back to primary care.
- ❖Re-call for further investigations only if bleeding persists
- ❖Systemic progesterone to induce regression of endometrium.
- ❖Oral medroxyprogesterone acetate (six to eight weeks)
- ❖Mirena intrauterine system for few years.
- ❖Hysterectomy for repeated episodes of PMB to eliminate any risk of transformation into endometrial carcinoma.

CONCLUSION

- SIMPLE PROLIFERATIVE ENDOMETRIUM TRANSFORMING INTO MALIGNANCY IS **VERY LOW** <0.3%
- THERE ARE NO STUDIES PUBLISHED ON THE MANAGEMENT OF ENDOMETRIAL PROLIFERATION WITHOUT ATYPIA IN POST-MENOPAUSAL BLEEDING.

AS A RESULT, THERE IS AT PRESENT NO EVIDENCE-BASED TREATMENT FOR SUCH WOMEN.

- FURTHER STUDIES ARE REQUIRED ON THE RECOMMENDED DOSE AND DURATION OF TREATMENT WITH MEDROXYPROGESTERONE ACETATE AND THE FREQUENCY OF FOLLOW-UP TO RULE OUT MORE SINISTER ENDOMETRIAL PROLIFERATIVE PATHOLOGIES IN THIS SUBGROUP OF PATIENTS.