

The Evaluation of Management of women with Endometrial Hyperplasia (EH) with and without Atypia.

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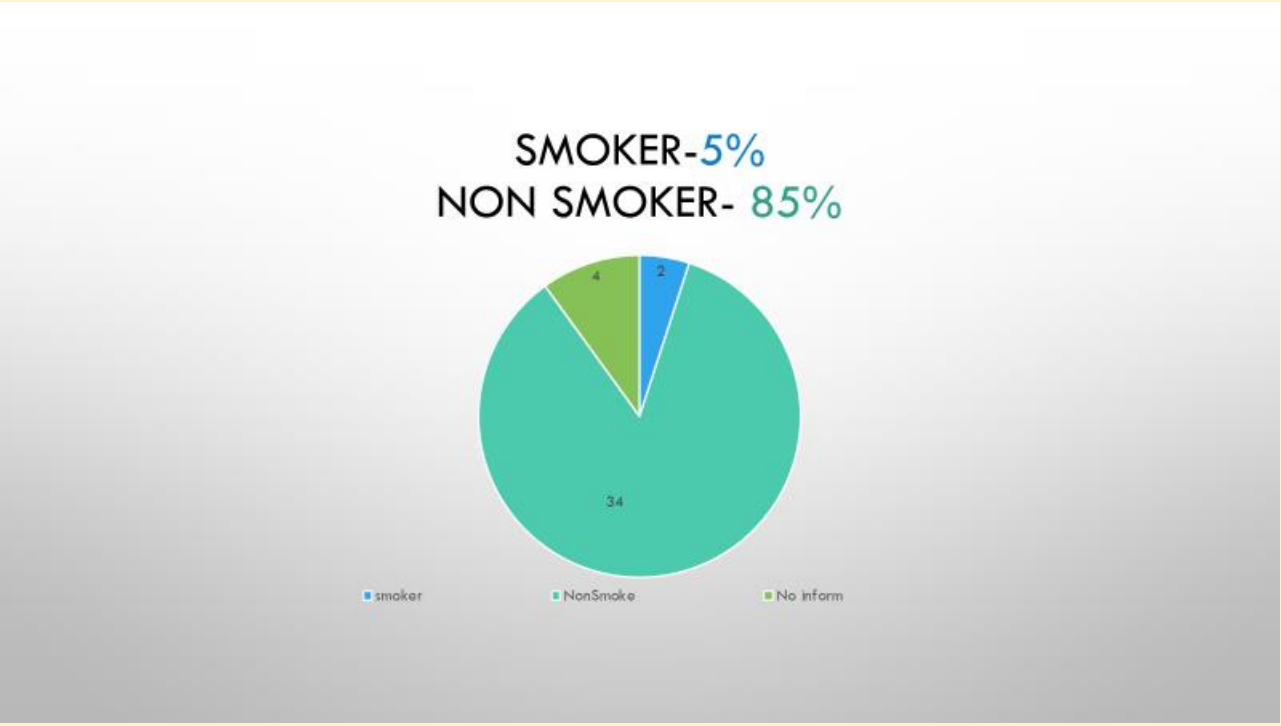
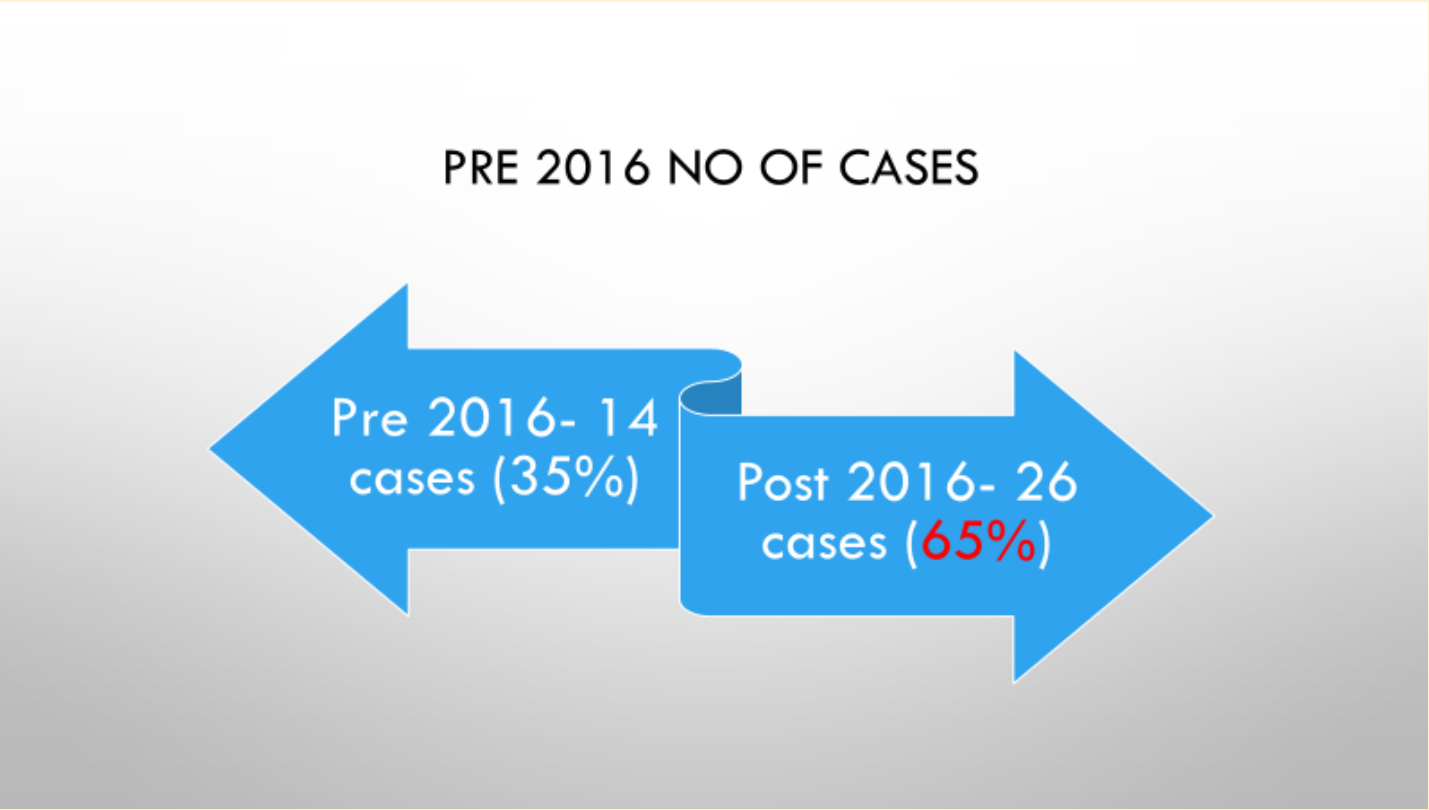
Objectives: To evaluate the clinical outcomes in women with endometrial hyperplasia and assessing the risk factors for endometrial hyperplasia.
To determine the adherence to trust and RCOG guideline NO:76 for Endometrial Hyperplasia.

Design: A retrospective audit of women with EH with and with out Atypia diagnosed and managed pre and post RCOG guidance no: 76 on EH 2016.

Method: A specifically designed proforma has been used which included diagnosed pre 2016 Or post 2016. The outcomes only in 1st 24 months has been considered. Data collection started from 2012 to give 4 years prior to 2016 rcog guideline and 4 years (2020) following the guideline. The data entered on excel sheet and results analysed statistically.

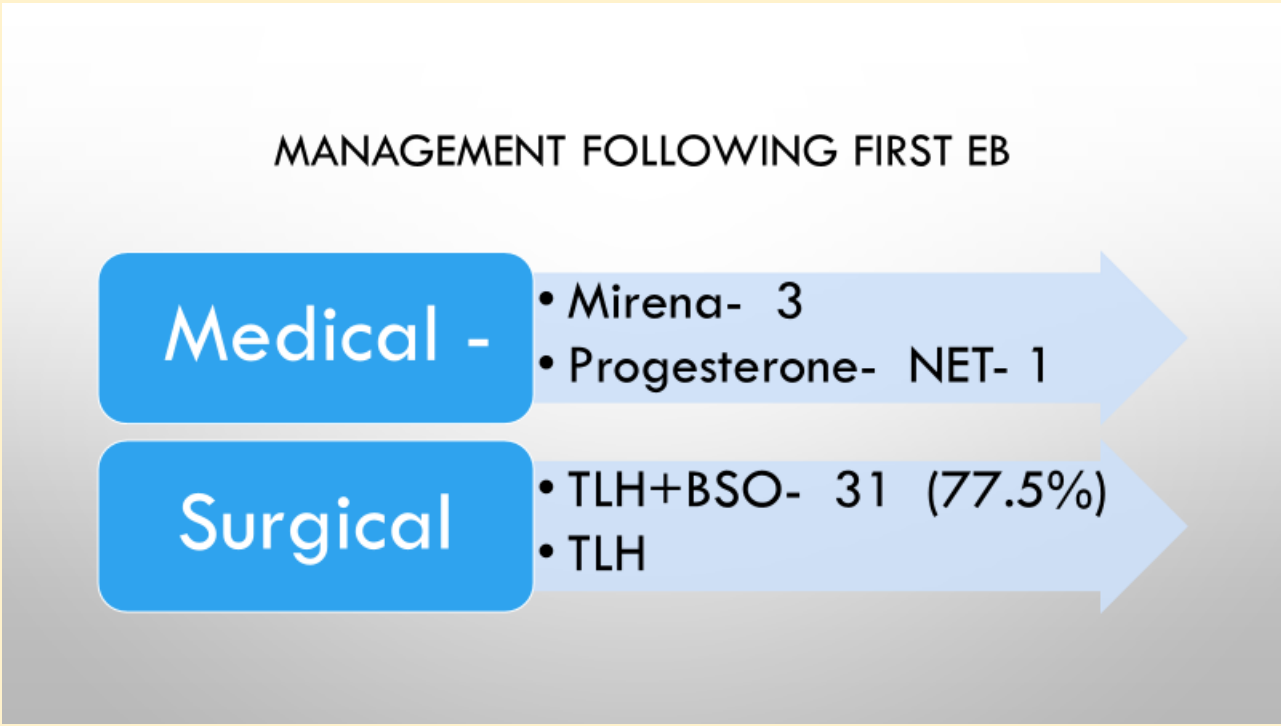
Results: The 60% of women (total 40 cases) were in age group between 50-60 years who were included in audit. The 65% of cases were post 2016 and 35% prior. The 25 % of cases had BMI between 35-40 and 25% between 25-30. Only 7.5% cases had BMI-50 and 17.5% between 40-45. The 85% patients were non-smoker. Hypertension was present in 27.5% cases and Diabetes in 15% . The 7.5 % patients had breast cancer hx and 5% were on tamoxifen.97.5% cases had were not on Hormone replacement therapy. The 62.5% patients presented as postmenopausal bleeding and 22% as heavy menstrual bleeding. The 3 cases thick endometrium was incidental findings. The 80% cases had Endometrial thickness 5mm and above on ultrasound.82.5% had endometrial biopsy with hysteroscopy. The EH without atypia were 2 cases after first biopsy. The 32.5 % had complex EH with atypia and 9 cases with atypical hyperplasia. After first diagnosis of EH 3 cases managed with Mirena coil and 1x with progesterone and majority (75% TLH +BSO) had surgical management.

Conclusions:
Majority of women declined the medical management which has also contributed towards surgical management after 1st EB (77.5%). The suitable patients should be offered Medical Management as per 2016 RCOG Guideline. Women should be offered observation with follow up biopsies in cases where identifiable risk factors like HRT and Obesity which can be reversed. Women should be given information leaflet about Endometrial Hyperplasia to help make them decision.



HISTOLOGY OF 1STENDOMETRIAL BIOPSY

Histology	No. of patients (40)
Endometrial Hyperplasia with Atypia	02
Endometrial Hyperplasia without Atypia	02
Complex hyperplasia without atypia	09
Complex atypical Hyperplasia	13 (32.5%)
Atypical Hyperplasia	09
Benign	02
Others	
Inadequate	03



SURGICAL MANAGEMENT AND HISTOLOGY
END CA (33.3%)

End Biopsy-Histology	Hysterectomy-Histology	No of cases (31)
Complex hyperplasia (including mild atypia)	Complex atypical Hyperplasia	4 including mild atypia
	Atypical Hyperplasia	3
	Complex Hyperplasia no atypia normal	2
		1
Complex Atypical Hyperplasia	No Hyperplasia or ca	1
	Complex Hyperplasia with atypia	3
	Grade 1 endometrial adeno ca	4
Atypical Endometrial Hyperplasia	Atypical Hyperplasia	4
	Grade 1 Endometrial adeno Ca	5
Simple Hyperplasia	Atypical Hyperplasia on polyp	1
	Simple hyperplasia	1
Simple Hyperplasia with atypia	Simple hyperplasia bot polyp adeno ca	1

