

Audit on Management of Endometrial Hyperplasia

Agnus Moorthiraj¹, Fathimath Nousheeda¹, Bilal Rather¹, Ajibade Adeleke¹

1. North Cumbria Integrated Care NHS Foundation Trust



OBJECTIVE

This study aims to evaluate the management of endometrial hyperplasia (EH) at NCIC Trust in accordance with the Royal College of Obstetricians and Gynaecologists (RCOG) GTG 67 guidelines, assess the follow-up practices for EH cases, and identify areas where improvements in clinical management and surveillance are needed.

DESIGN

A retrospective audit of endometrial pathology cases was conducted over a 12-month period (January–December 2023). The audit involved a detailed review of the management practices for endometrial hyperplasia

METHODS

Patient data were retrospectively analyzed based on endometrial sampling results, histology, and clinical factors. Management strategies, treatment modalities, and follow-up practices were assessed according to the RCOG guidelines. Progression to malignancy was noted, and the effectiveness of surveillance protocols was evaluated.

RESULTS

- A total of 31 patients were included in the study. Key demographic findings include:
 - 54.2% (19/31) of patients had a BMI greater than 35
 - 29% (9/31) were nulliparous
 - 22.5% (7/31) had a history of hormone replacement therapy (HRT) use
- Histological findings were as follows:
 - 19 cases of endometrial hyperplasia without atypia (EHWA)
 - 8 cases of endometrial hyperplasia with atypia (EHWA)
 - 2 cases of endometrial hyperplasia with atypia and co-existent endometrial carcinoma (EHWA + CA)
 - 1 case of endometrial carcinoma (CA)
- Regarding management:
 - 2 patients received oral progesterone treatment
 - 15 patients were treated with the Mirena intrauterine system
 - 7 patients underwent hysterectomy
- 1 case progressed from endometrial hyperplasia with atypia to endometrial carcinoma despite 7 years of Mirena treatment, with contributing factors including infertility, polycystic ovary syndrome (PCOS), and high BMI.
- The analysis revealed that 4 cases involved concurrent malignancy, with 1 case of carcinoma progressing from atypical hyperplasia. In addition, 3 patients with endometrial hyperplasia with atypia had their management modified based on repeated biopsy findings, leading to hysterectomy in 2 of those cases.

FOLLOW-UP AND SURVEILLANCE

- 1 patient with long-term surveillance (since 2013) showed normal histology after initial atypical hyperplasia, following regular monitoring
- 3 cases did not adhere to follow-up protocols, requiring reassessment for surveillance

The analysis highlighted that while most cases followed standard management guidelines, there were gaps in follow-up, particularly among patients with atypia and those with high-risk factors. Specifically, patients who did not undergo hysterectomy or Mirena placement were at increased risk of disease progression.

CONCLUSION

This audit demonstrates that endometrial hyperplasia, particularly with atypia, requires careful management and surveillance. Significant risk factors such as BMI >35, nulliparity, PCOS, and HRT use contribute to higher rates of progression to malignancy. While current management aligns with RCOG guidelines, improvements in follow-up practices are essential, especially for patients with atypia or high-risk profiles. Further surveillance and early interventions, such as more frequent biopsies and closer monitoring, may improve patient outcomes and prevent progression to endometrial carcinoma. Enhanced awareness of the importance of follow-up and patient education are key to reducing the risk of malignancy.