

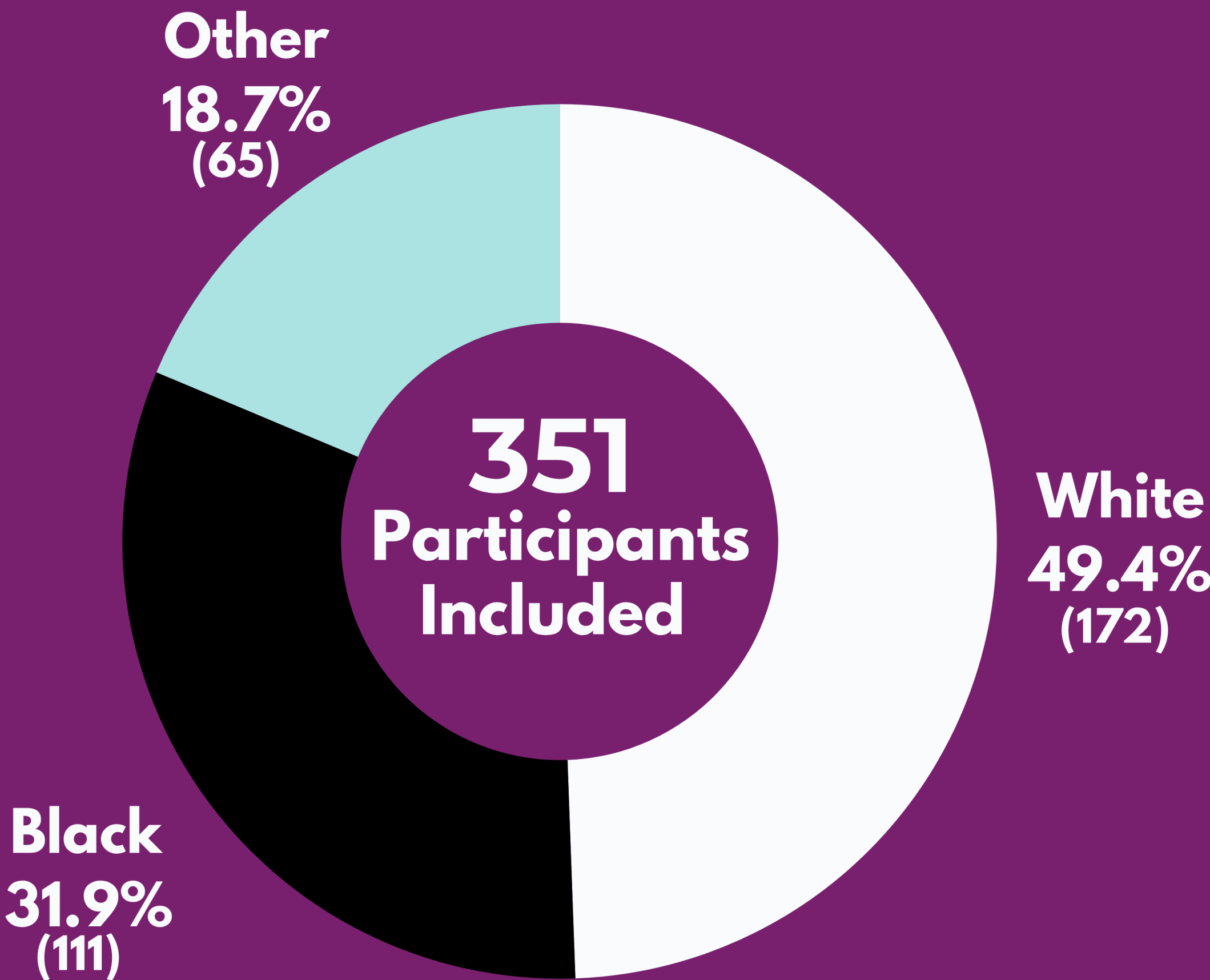
Disordered proliferative endometrium: a forgotten precursor of endometrial hyperplasia?

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Disordered proliferative endometrium (DPEM) is a histopathological condition induced by overexposure to unopposed oestrogen. It shares similar features with early **endometrial hyperplasia (EH)** without atypia and could progress to EH under sustained oestrogen effect. Currently, we have **no clinical guidelines** for managing DPEM. Questions persist about appropriate treatment plans and the need for follow-up biopsies.

This project is a retrospective review of the demographics, management and subsequent biopsy results of all DPEM cases diagnosed between 01.01.2000 and 01.12.2023 at a central London tertiary hospital.

Patient Characteristics



Median BMI: 31.5

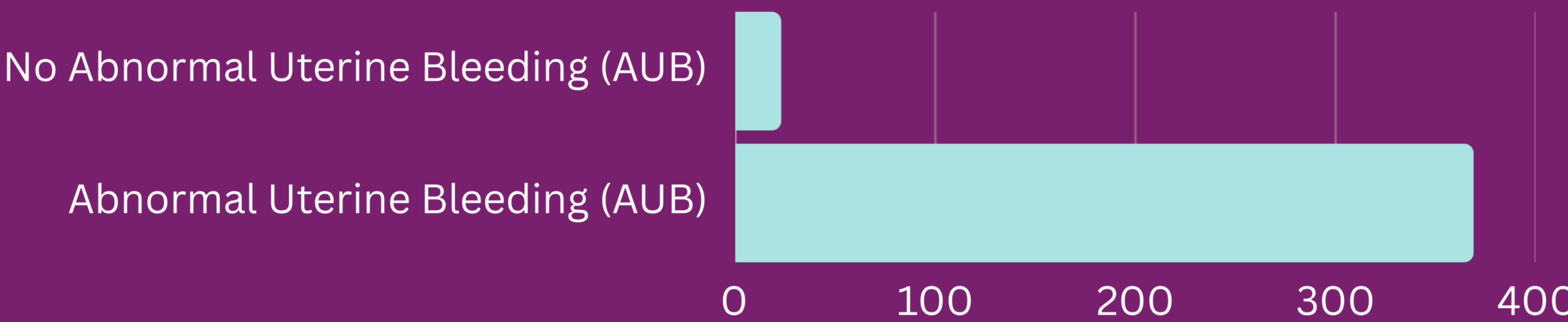
75% (n=155) had a BMI ≥ 25

Median Age: 48 yrs

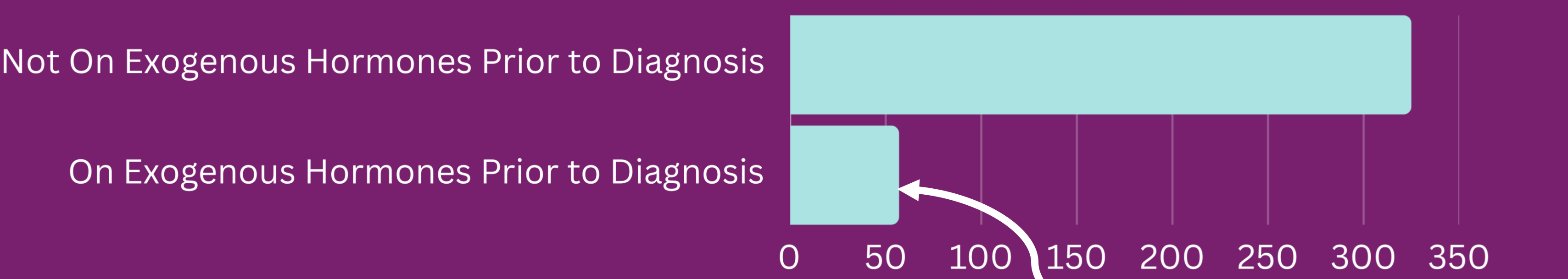
80% (n=335) ≥ 40 yrs old

94% (n=369) had abnormal uterine bleeding

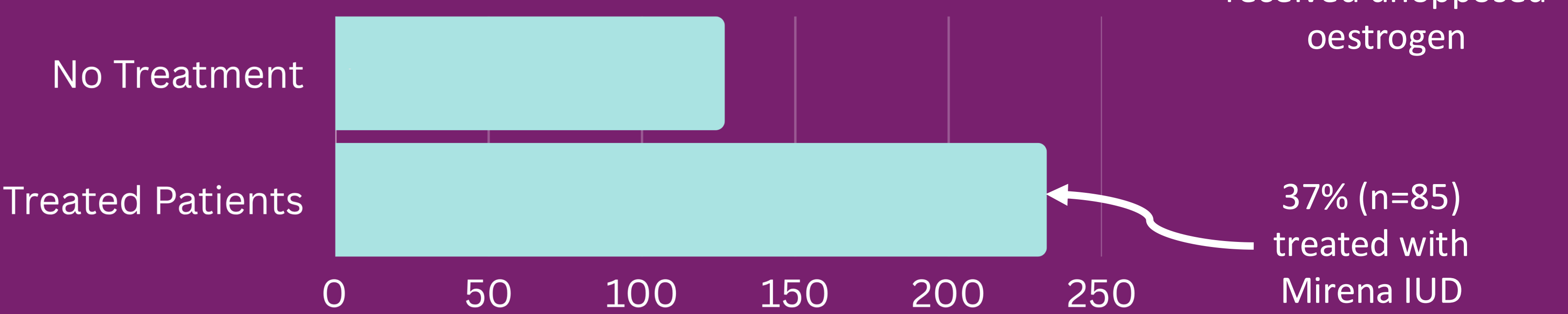
Presenting With Uterine Bleeding (n=392)



Hormone Usage (n=382)



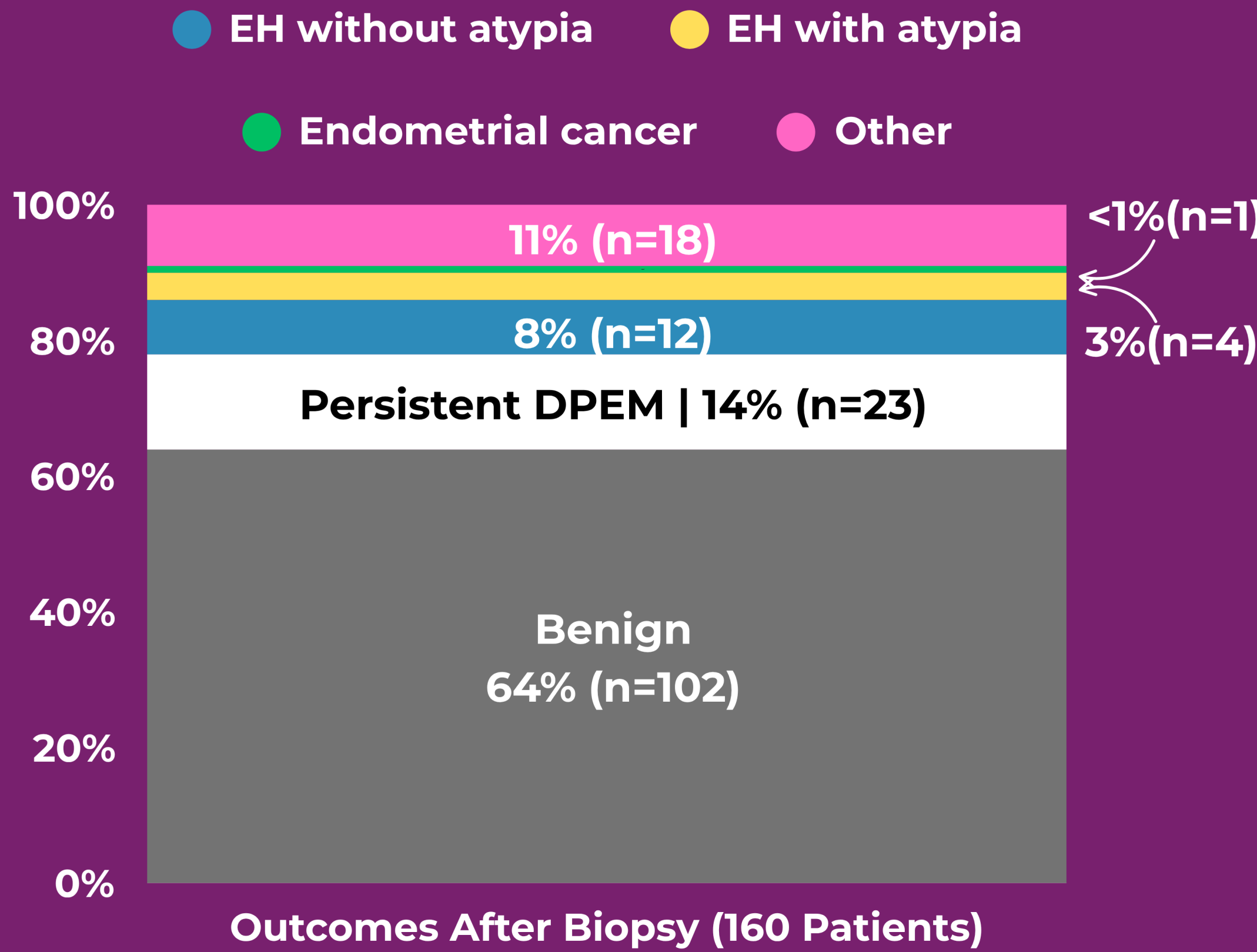
Received Treatment (n=359)



Treatment Length: varied but -
Most common: **>6 months | 44% (n=102)**
2nd Most common: **2-3 months | 29% (n=67)**

Repeat Biopsy Outcomes (n=160)

Most had benign results, but some showed persistent or progressive disease, including rare cases of cancer.



Conclusion

DPEM is an acknowledged precursor for EH without atypia. It is potentially curable if treated with progestogens. More research is needed to evaluate the rate of progression and to direct decision-making on whether this condition should be treated similarly to EH without atypia. Ultimately, it seems DPEM may warrant closer monitoring.