

Atypical Endometrial Hyperplasia after Subtotal Hysterectomy in Patient Using Hormone Replacement Therapy

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BACKGROUND

- Subtotal hysterectomy (supracervical) preserves the cervix and is often preferred for quicker recovery and perceived benefits in sexual function.
- However, residual endometrial tissue in the cervical canal remains hormonally responsive.
- Unopposed oestrogen HRT in postmenopausal women can stimulate this residual tissue.(1)
- Atypical endometrial hyperplasia is a precancerous condition usually arising in the uterine cavity – its presence in a retained cervical stump is rare and underreported.

CASE DESCRIPTION

- **Patient:** 59-year-old postmenopausal woman
- **History:** Subtotal hysterectomy for fibroids and abnormal uterine bleeding 10 years previously
- **HRT:** 7 years of unopposed oestrogen (2mg oestradiol)
- **Presentation:** 3 weeks of postmenopausal spotting
- **Investigations:**
 - Transvaginal US: No endometrial cavity visible
 - Cervical polyp identified and removed
 - Endocervical biopsy: Atypical endometrial hyperplasia
- **Management:**
 - Started on high dose medroxyprogesterone acetate
 - Underwent laparoscopic removal of cervical stump
- **Histopathology:** Atypical endometrial hyperplasia confirmed, no malignancy; adnexa unremarkable.

DISCUSSION

- Subtotal hysterectomy leaves a small amount of endometrial tissue at the internal os.
- Unopposed oestrogen can lead to hyperplastic or neoplastic transformation.
- Routine imaging often misses subtle pathology in the cervical stump.(2)
- Biopsy tools like Pipelle may not access the residual tissue accurately; direct endocervical sampling or hysteroscopic approaches may be required.
- Management should be specific: progesterone therapy may be trialed, but surgical excision is definitive. (3)
- This case underscores the need to reassess HRT regimens in women with retained cervical tissue.

CONCLUSION

- Postmenopausal bleeding in patients with a retained cervical stump should raise suspicion of endometrial pathology.
- Unopposed oestrogen HRT poses a risk for atypical hyperplasia/ endometrial carcinoma even after subtotal hysterectomy.
- Combined HRT regimens should be considered for patients with supracervical hysterectomy.
- There is a need for clearer guidelines on the use of HRT in patients following a sub-total hysterectomy.
- Evidence-based protocols are required to support the management of postmenopausal bleeding in patients with a sub-total hysterectomy.

IMAGES

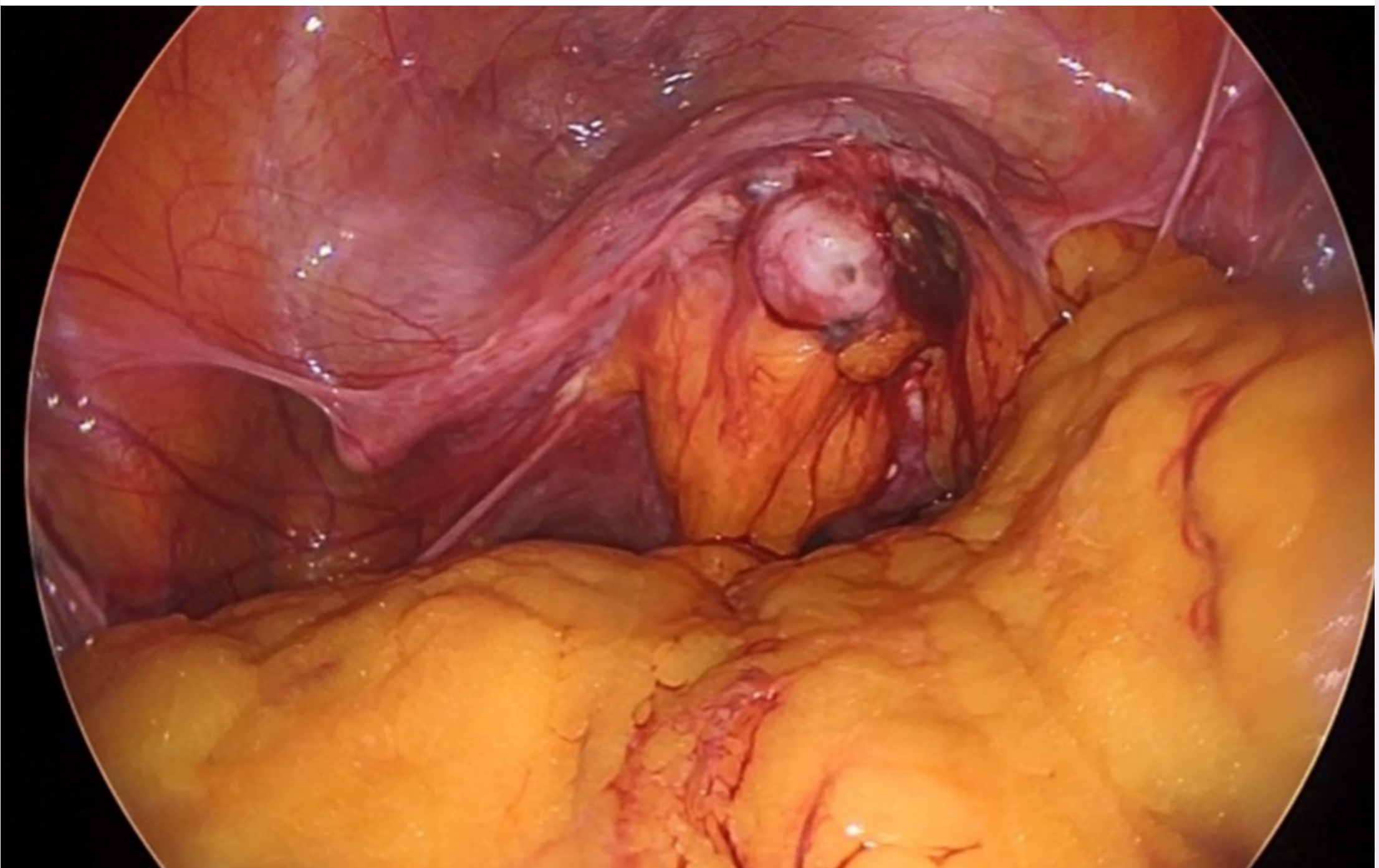


Fig 1: Laparoscopic picture of the cervical stump

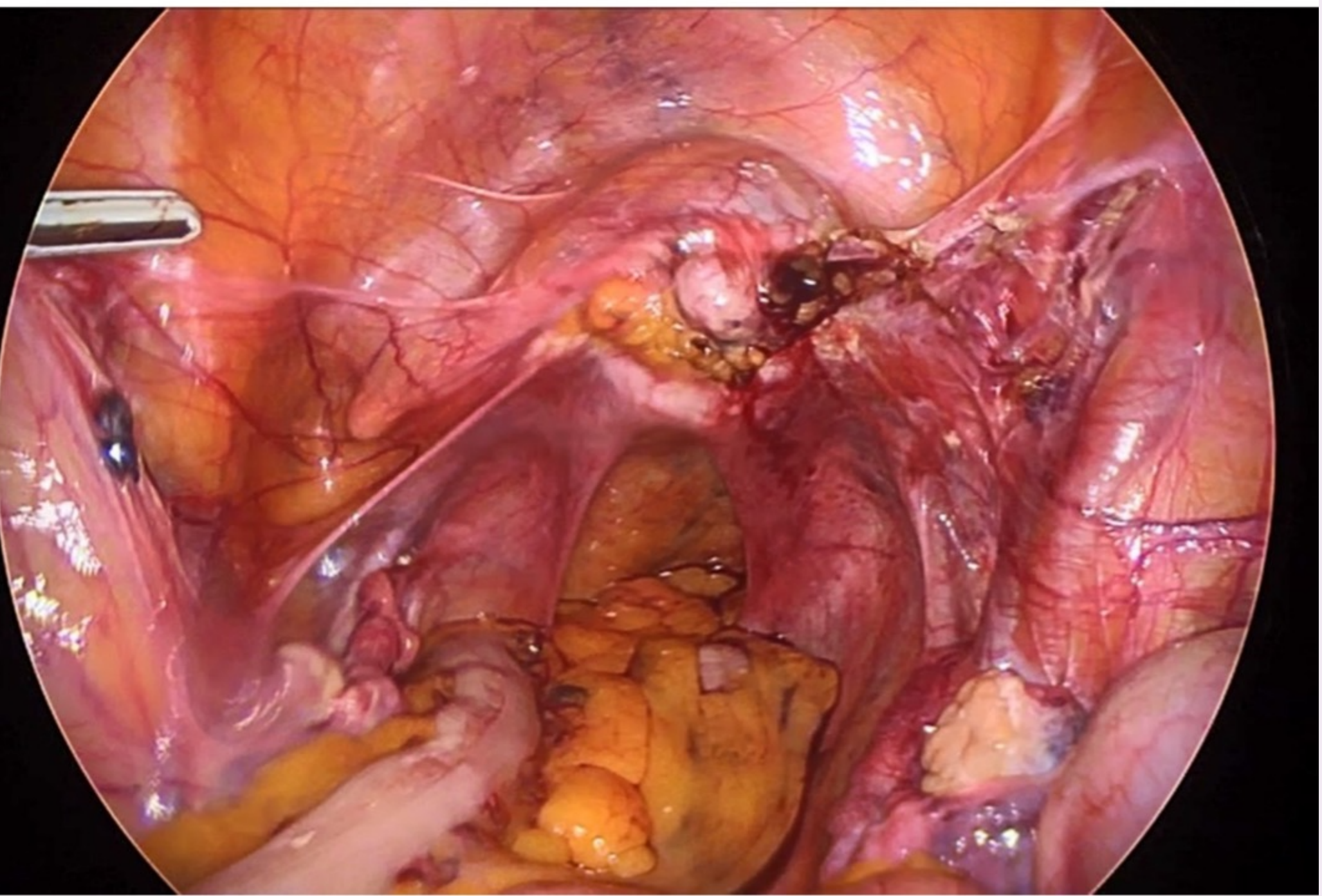


Fig 2: Laparoscopic view of the cervical stump and the ovaries and Fallopian tubes on both sides

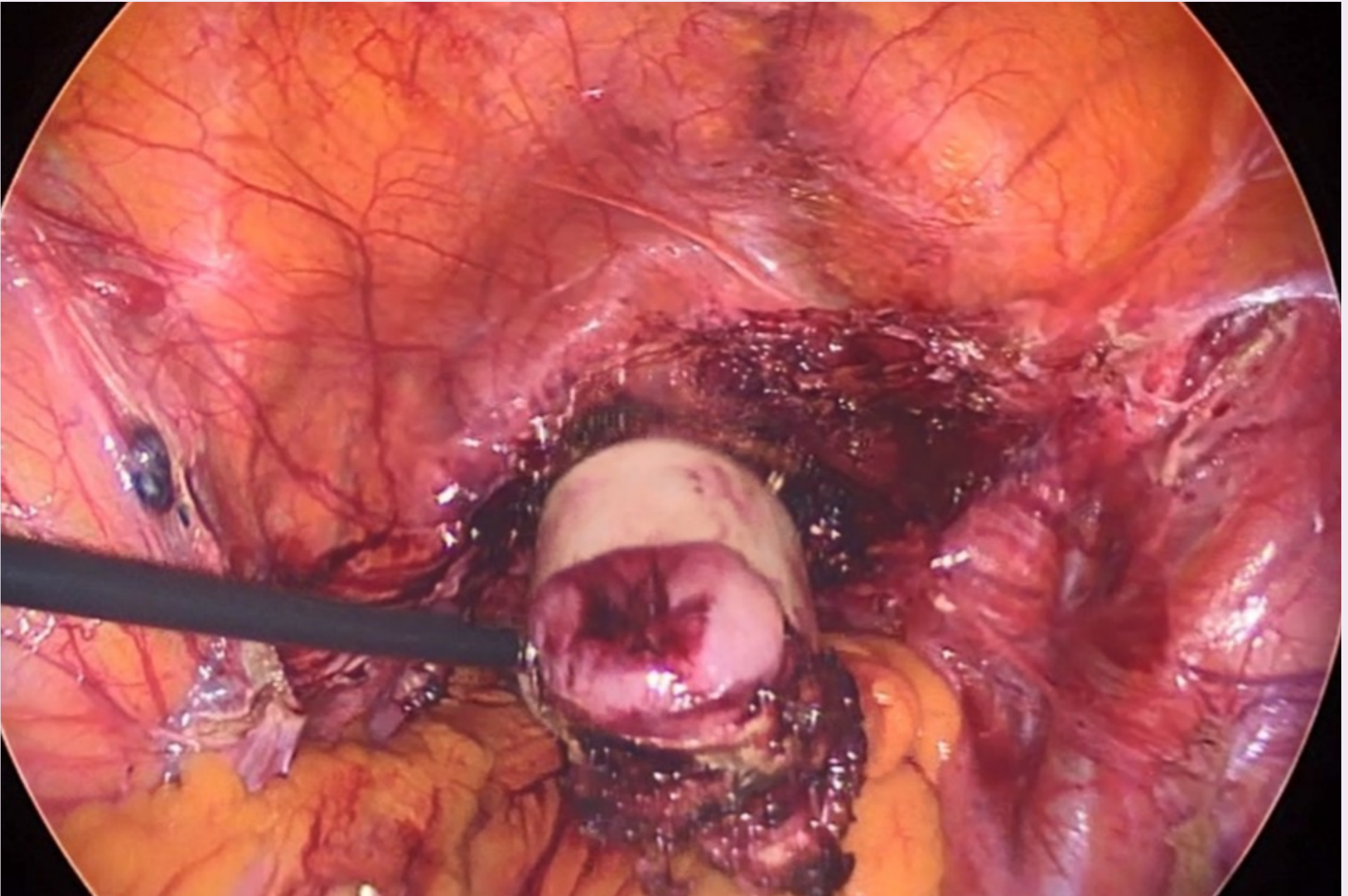


Fig 3 laparoscopic view of the cervical stump after separation from the vaginal vault

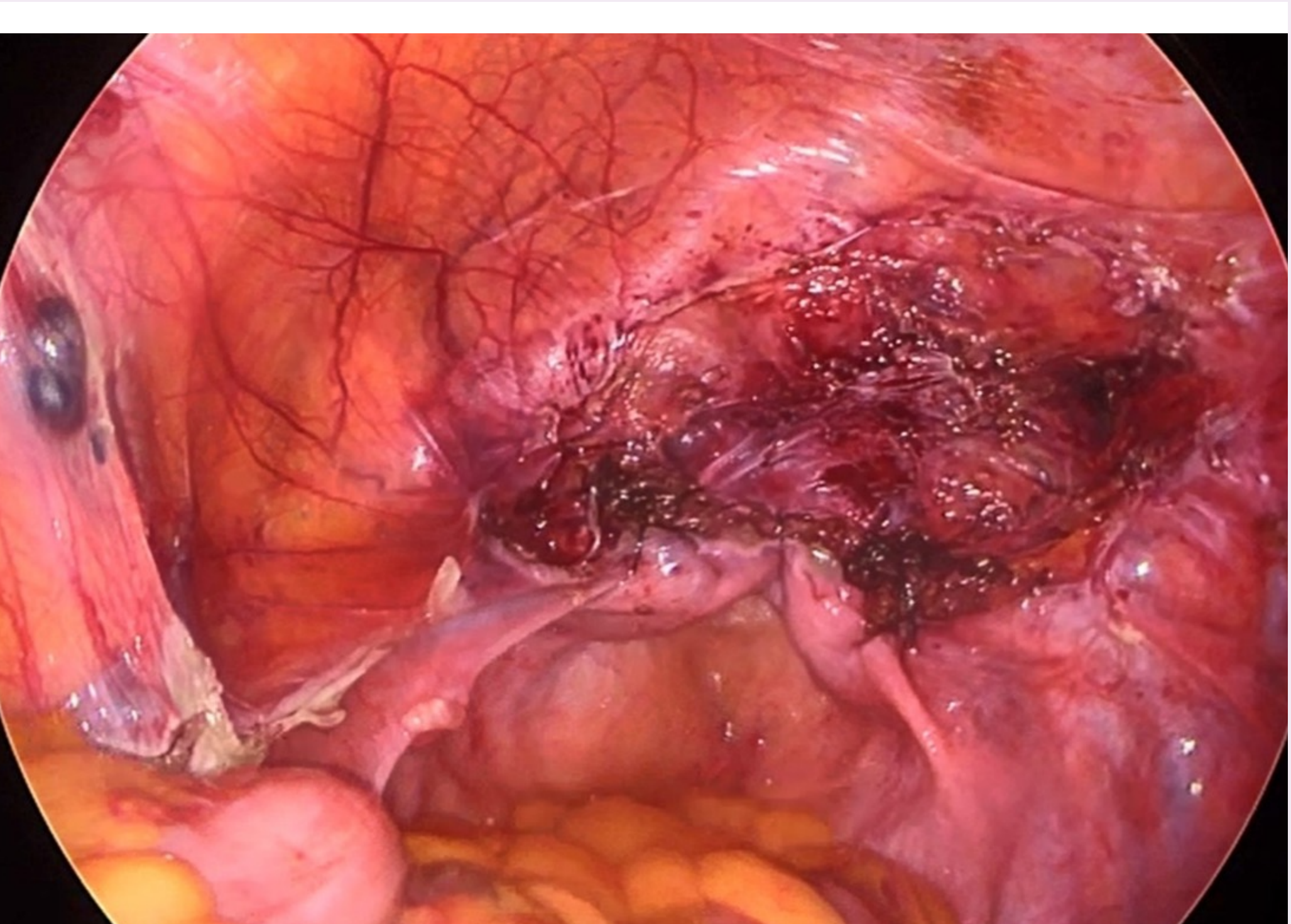


Figure 4: Laparoscopically view of the sutured vaginal vault

REFERENCES/ ACKNOWLEDGEMENTS

1. **Grady et al. (1995).** *HRT and endometrial cancer risk: a meta-analysis. Obstet Gynecol*, **85**(2), 304–313.
2. Grimm, D., Andergassen, U., & Harbeck, N., 2023. *Cervical stump cancer missed on imaging: case report. BMC Women's Health*, 23, 123.
3. RCOG, 2016. *Management of endometrial hyperplasia: Green-top Guideline No. 67.* Royal College of Obstetricians and Gynaecologists.