

Endometrial Hyperplasia with Atypia

The Royal Women's Hospital Fact Sheet / www.thewomens.org.au



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This fact sheet is for women who have been told they have Endometrial Hyperplasia with Atypia (EHA) or are worried they do. It explains what this condition is, some of its symptoms and ways you can treat it.

Throughout this fact sheet we will refer to Endometrial Hyperplasia with Atypia as EHA.

The endometrium is the lining of the uterus or womb. It gets thicker when you are ovulating and then the top layers come out in your period if you have not become pregnant.

If you have endometrial hyperplasia, your endometrium has grown too thick and remains that way even after you have had your period. If you have EHA, your endometrium is too thick and also contains cells that do not look normal.

EHA is not cancer but over time it may become cancer. 25-30 per cent of women with EHA will already have early endometrial cancer, it just won't have been detected yet.

Each year, about 1900 Australian women find out they have endometrial cancer but many more women than this find out they have endometrial abnormalities, including EHA.

What causes EHA?

EHA often happens when a woman's body has too much of the hormone oestrogen and not enough of the hormone progesterone to balance it out.

This means you are more likely to have EHA if:

- you are overweight or obese (because hormones can change into oestrogen in fat tissue)
- you take menopause medication, which acts like the female hormone oestrogen
- you have **polycystic ovary syndrome (PCOS)**
- you have an ovarian tumour which produces oestrogen (e.g. a granulosa cell tumour)
- you have taken high amounts of oestrogen for a long time after menopause but have not had your uterus removed in an operation called a **hysterectomy**.

You are also more likely to have EHA if:

- you are older than 35
- you have never had children
- you were older than most women when menopause started
- you were younger than most women when your periods started
- you have diabetes mellitus
- one or more people in your family have had colon, uterine or ovarian cancer.

What are the symptoms of EHA?

The most common symptom is unusual bleeding from your vagina. This can include:

- bleeding during your period which is heavier or lasts longer than usual
- bleeding in between your periods
- bleeding after menopause (when your periods have stopped)
- periods that start less than 21 days after the last period started.

But because unusual bleeding is fairly common and can happen for a number of other reasons, you should always see your nurse, doctor or gynaecologist (women's health specialist) to find out.

What should I do if I think I have EHA?

- See your doctor, nurse or gynaecologist.
- Talk to them about any changes to your body that you have noticed.
- Let them know if you are taking any medications or have any conditions that mean you are more likely to have EHA.

They will most likely:

- ask you questions about the history of your health
- examine your body
- do an ultrasound of your uterus by putting a small wand (called a transducer) into your vagina (this takes a picture of your cervix, uterus, endometrium and ovaries).

They may also need to take and test a sample or biopsy of your endometrium. This can be done without an anaesthetic in a day clinic using a thin tube or pipelle which is put into your uterus (through your vagina) and gently sucks up a small sample of cells. Or sometimes you will be given an injection of medicine or anaesthetic to put you to sleep so that they can scrape part of your endometrium (known as a dilation and curettage or D&C).

How is EHA treated?

The kind of treatment you have will depend on:

- how thick or abnormal your endometrium is (type of hyperplasia)
- your age, health and medical history
- whether you wish to get pregnant in the future.

Your gynaecologist may recommend one or more of these treatment options:

- **Surgery** to remove your uterus and cervix (known as a **total hysterectomy**), your fallopian tubes (**salpingectomy**) and usually your ovaries (known as an **oophorectomy**). This is often recommended for advanced EHA which could become cancerous. Surgery would mean you could not have any (more) children.
- **Hormone treatment** in either a tablet form or using an IUD (an intrauterine device placed inside the uterus). Both treatments contain progestogen – a synthetic version of the hormone progesterone.

Things to remember

- EHA is not cancer, but may exist alongside cancer.
- If you notice any changes to your body or periods, talk to your nurse, doctor or gynaecologist.
- Your treatment and its success will depend on the type of hyperplasia you have and whether you want to have (more) children.

Questions to ask your nurse, doctor or gynaecologist

- How likely is it that my hyperplasia will become endometrial cancer?
- Can you tell from a pap test if you have hyperplasia?
- Is my daughter more likely to have this condition if I have had it?
- Will I still be able to have children if I have hyperplasia?
- What effect will hormone treatment have on my body?
- Will I still be able to have sex?
- How often will I need to have checkups?

Where to get more information or support

If you are a patient at the Women's

Gynaecological Oncology Unit

Royal Women's Hospital

Tel: (03) 8345 3566

Related fact sheets

- Endometrial Hyperplasia with Atypia: Hormone Treatment using a progestogen IUD
- Hysteroscopy

References

American Cancer Society (www.cancer.org)

'Endometrial Hyperplasia', American College of Obstetricians and Gynaecologists (www.acog.org)