PIPADOR REVISION

# MRCOG Part 1 Revision Notes

## *Endometrial Hyperplasia*

PATHOLOGY • LECTURE 348

VISUAL EXAMINATION REVISION NOTES

*2026 Edition*

348

MRCOG PART 1 REVISION NOTES | PATHOLOGY

# Endometrial Hyperplasia

*WHO classification, risk factors, progression risk and management with and without atypia*

| Unopposed oestrogen | < 5% | ≈ 30–40% | LNG-IUS |
|---|---|---|---|
| Main driver | Progression without atypia (20 yr) | Concurrent cancer with atypia | First-line without atypia |

**■ KEY FACTS: Learning objectives**

- Describe the classification and pathology of endometrial hyperplasia (WHO).
- Describe risk factors and risk of progression.
- Describe management with and without atypia (RCOG GTG 67), including fertility-sparing.

## 348.1 Classification and pathology

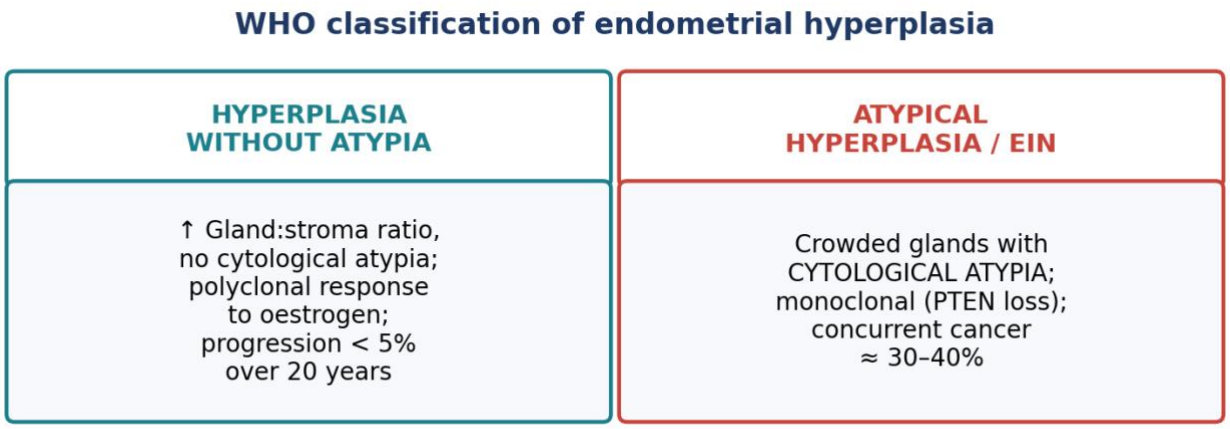



*Figure 348.1 — WHO classification*

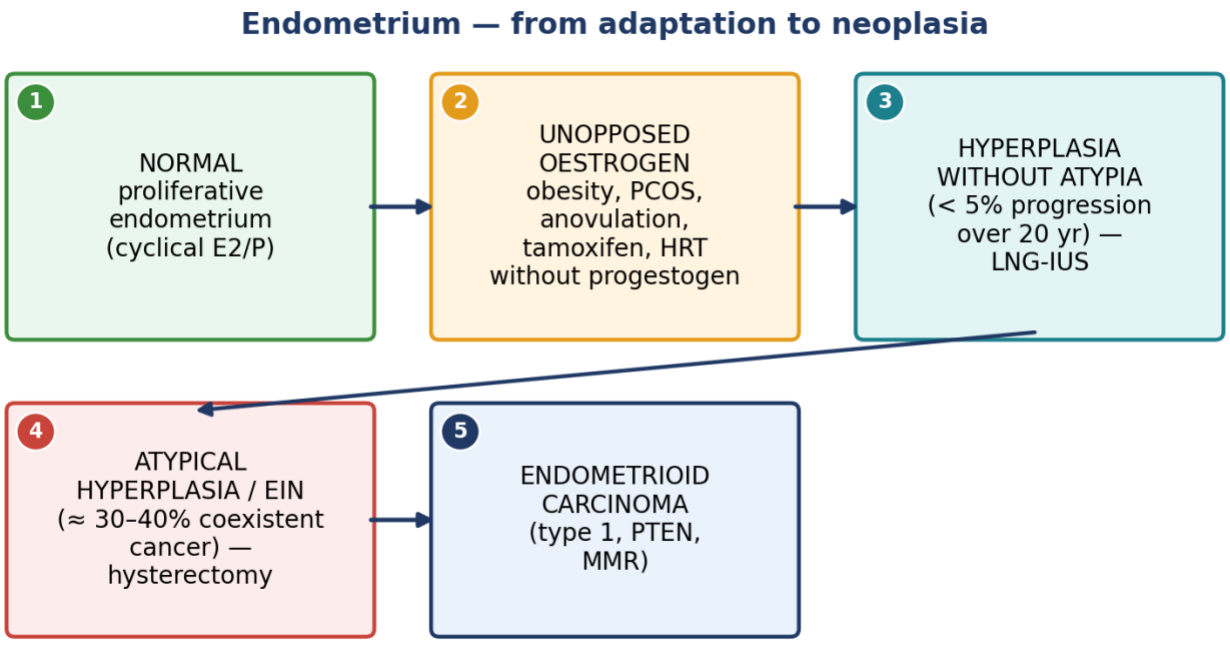



*Figure 348.2 — From adaptation to neoplasia*

- Risk factors: **obesity** (adipose aromatase), PCOS/anovulation
  - Oestrogen-only HRT, **tamoxifen**
  - Oestrogen-secreting tumours (granulosa cell), nulliparity, diabetes, Lynch syndrome.
- Presents with abnormal uterine bleeding (HMB, IMB, PMB); diagnosed on endometrial biopsy (Pipelle or hysteroscopic).

## 348.2 Management

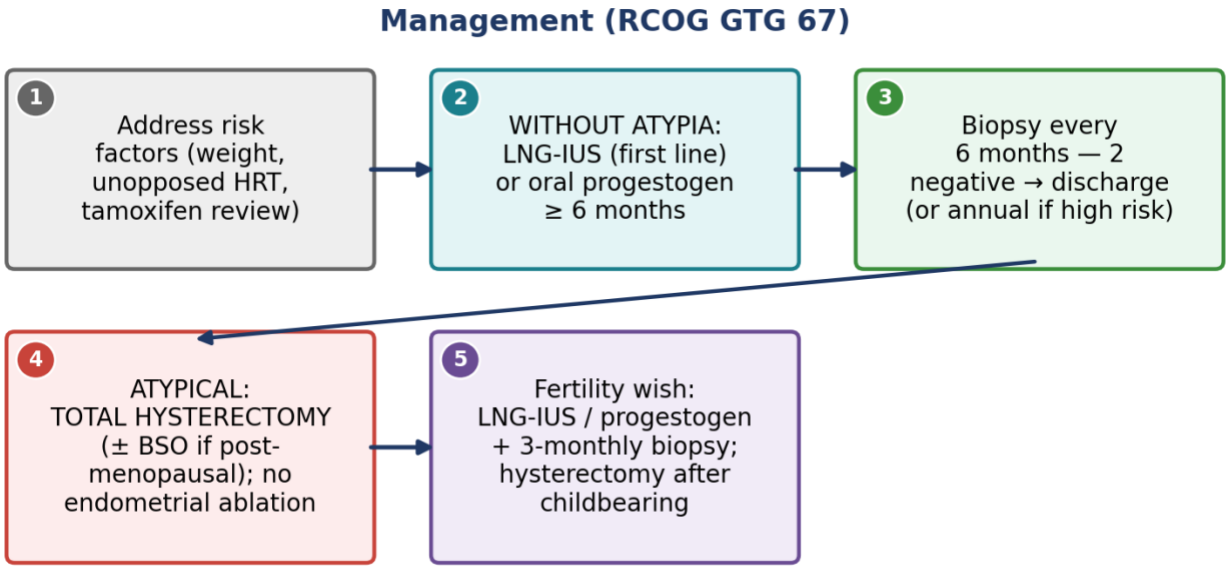



*Figure 348.3 — Management (RCOG GTG 67)*

| Topic | Details |
|---|---|
| **Without atypia** | • Observation alone has high regression but progestogens give higher regression<br>• **LNG-IUS** first line (> oral progestogens)<br>• Treat ≥ 6 months<br>• Consider hysterectomy if progression, no regression at 12 months, relapse, persistent bleeding or poor adherence |

| Topic | Details |
|---|---|
| **Atypical hyperplasia** | • **Total hysterectomy** (laparoscopic) ± BSO in postmenopausal women<br>• Supracervical hysterectomy and endometrial ablation **not** recommended |
| **Fertility-sparing (atypia)** | • LNG-IUS/oral progestogen, biopsy every 3 months<br>• Aim for regression before conception (ART may be needed)<br>• Hysterectomy after childbearing |
| **HRT users** | Review regimen; continuous combined HRT or LNG-IUS |

## 348.3 Must-know summary

■ **EXAM TIP**

- Without atypia (↑ gland:stroma, no atypia) vs atypical hyperplasia/EIN (atypia, PTEN loss).
- Unopposed oestrogen — obesity, PCOS, HRT, tamoxifen.
- Without atypia: LNG-IUS ≥ 6 months, 6-monthly biopsies until 2 negative.
- Atypia: total hysterectomy (cancer coexists in ≈ 30–40%).

■ **MNEMONIC / MEMORY AID**

**'Atypia = Act (hysterectomy); No atypia = Nurse with LNG-IUS'**.