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About the Causes of Endometrial Hyperplasia and Forms of Endometrial Hyperplasia

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Abstract. Endometrial hyperplasia is a gynecological disease characterized by the growth of the endometrium - the inner layer of the uterus, resulting in an increase in its thickness and volume. According to statistics, such a disease is diagnosed in 10-20 percent of patients. The disease develops in young women of childbearing age. With the onset of menopause, the risk of developing the disease increases several times.

Keywords: Forms of endometrial hyperplasia, causes of endometrial hyperplasia, risk group, symptoms, complications of endometrial hyperplasia, diagnosis, treatment.

Usually, the functional layer of the endometrium increases in the first half of the cycle: the uterus is preparing for a possible pregnancy. If fertilization does not occur, then the functional layer is rejected and excreted from the body during menstruation. These cyclical changes are regulated by the correct ratio of female sex hormones. All processes depend on the correct ratio of female sex hormones. At the slightest hormonal deficiency, the maturation and rejection of the endometrium is disturbed, the cells actively divide, but are not removed in time, the inner layer of the uterus thickens, and excessive growth can occur both in separate places and evenly.
After a certain time, the endometrium is still rejected and bleeds profusely. If there is no cure, the process is constantly repeated. With endometrial hyperplasia, various complications can occur, one of which is the malignancy of the process that turns into cancer. Forms of endometrial hyperplasia. Depending on the proliferation of endometrial elements, several types of disease are distinguished: Certificate of the Russian Federation for registration of a program for selecting the correct algorithm for identifying and treating patients with endometrial hyperplasia. Certificate of the Russian Federation for registration of a program for the selection of the correct algorithm for the detection and treatment of patients with endometrial hyperplasia. Glandular form - there is an increase in glandular tissue that is not prone to malignant neoplasm, the likelihood of developing glandular-cystic - the growth of glandular tissue and the formation of cysts, which is a benign formation, which in some cases can turn into cancer. atypical - this type of hyperplasia is called precancerous, this is the most severe form, pathological changes are observed both in the functional layer and in the basal layer. Without treatment, there is a 40% chance of developing cancer. focal - the cells of the inner layer grow unevenly, forming separate foci with a diameter of 2-3 mm to several centimeters, the cells in these areas are more sensitive to the effects of hormones and will help to divide more actively. If cell growth occurs in a polyp, then its size increases significantly. Causes of endometrial hyperplasia Various negative factors can trigger the development of the disease. Hormonal disorders are usually present in patients with gynecological diseases: fibroids, polycystosis,

mastopathy, endometriosis. Also, uncontrolled intake of oral contraceptives affects the hormonal background. Diseases of the endocrine glands: thyroid gland, pancreas, adrenal glands, which have a negative effect on the endometrium or the functioning of the ovaries. Abortion, diagnostic curettage, as a result of which endometrial receptors lose sensitivity to hormones, despite that the hormones are normal, the cells continue to multiply. Hereditary predisposition, when the disease is diagnosed in close relatives.
Risk group The presence of an unfavorable factor in history does not necessarily mean that the disease will develop. A combination of factors sometimes affects the likelihood of developing endometrial hyperplasia. The risk group includes overweight women suffering from diabetes mellitus, hypertension, polycystic ovary syndrome, etc. Frequent stress and a sedentary lifestyle increase the likelihood of developing the disease. In addition, it should be noted that the disease is often diagnosed several times in patients during menopause.
Symptoms The main symptom of endometrial hyperplasia is bleeding. They are cyclic and acyclic, in the first case they are more likely to bother women of reproductive age. Unlike menstruation, they are longer in time and can last up to three weeks. With acyclic bleeding, discharge appears in the intermenstrual period or after a short delay, then they are moderate. Patients in menopause may experience both light and heavy bleeding. Severe, clotted, bleeding during the formation of the cycle is typical for hyperplasia in adolescence. Often the disease is asymptomatic, there are no manifestations, and the woman goes to the doctor about infertility. Therefore, even if nothing bothers you, regular visits to the gynecologist are recommended. Then the disease can be detected at an early stage, and in this case, the treatment will be more effective and not as long as in advanced cases.
Complications of endometrial hyperplasia If left untreated, prolonged bleeding can lead to anemia. In addition, excess estrogen, cycle disorders and anovulation often lead to infertility. With an atypical form of hyperplasia, there is a risk of transition to a malignant disease.
Diagnosis There are several ways to determine endometrial hyperplasia: Ultrasound (transvaginal) is one of the effective and painless diagnostic methods that allows you to identify thickening of the endometrium, foci of hyperplasia and polyps. Hysteroscopy is an examination of the uterine cavity with the help of special optical equipment, which allows you to examine the endometrium in detail, identify altered areas. During the procedure, a separate diagnostic curettage or targeted biopsy can be performed, followed by a histological examination of the material obtained. Endometrial aspiration biopsy is one of the most effective diagnostic methods, and the material obtained during the procedure is sent for research. Atypical cells can be identified by histology, and a malignant process can be confirmed or ruled out. Hormonal studies - are prescribed to identify hormonal disorders. Estrogen and progesterone levels are checked, thyroid and adrenal hormones can be examined. In order to determine the correct tactics of surgical treatment, please send me a full description of the ultrasound of the pelvic organs to my personal e-mail address puchkovkv@mail.ru opportunities, hysteroscopy and histology data, age and main complaints. . Then I can answer your situation more clearly.
Treatment Tactics of treatment of endometrial hyperplasia is determined individually and depends on the age of the woman, the severity of the disease and the type of disease. In some forms of hyperplasia, after obtaining the results of a histological analysis, drug treatment is possible, the purpose of which is to suppress further growth

of the endometrium and restore hormonal balance. With the ineffectiveness of conservative methods, as well as with the recurrence of the disease, surgical treatment is indicated. Today, thanks to the use of modern technologies, it is possible to get rid of the disease without removing the uterus. One of the well-established methods is hysteroscopy, which is indicated for patients of reproductive age and premenopause. Also, this method is used in cases of large blood loss, emergency conditions or the presence of polyps.

The advantages of this method include low impact, short procedure and short recovery period. In the presence of cysts and polyps, a combination of surgical treatment and drug therapy is used. Endometrial ablation is also a very effective method - a minimally invasive procedure, during which it is possible to completely remove the endometrium (both basal and functional layers), as well as part of the main myometrium. Methods of electrosurgery and laser ablation are used, but all of them are performed under the control of a hysteroscope, which allows you to visually control all the actions of a doctor. If an atypical form of hyperplasia is detected during menopause, it is recommended to remove the uterus. If there are no pathological changes in the ovaries, only the uterus is removed, with adenomyosis or when malignant cells are detected, a hysterectomy with appendages is indicated. In addition, great importance should be attached to concomitant diseases: with diabetes - constant monitoring of glucose levels, with hypertension - timely lowering of blood pressure, overweight women should normalize their weight. It is also necessary to abandon abortions and uncontrolled intake of oral contraceptives. It should be remembered that often the disease continues without any symptoms at the initial stage. Therefore, regular visits to the gynecologist twice a year will help to detect any disease in time.

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