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Muscle cell hyperplasia

There are two types of endometrial hyperplasia: hyperplasia without atipia. In this type, the lining of the lap is more often, as more cells have been produced. The cells are all normal, however, and are very unlikely that they will ever change to cancer. Over time, excessive cell growth can stop itself, or it may need a treatment to do so. Hyperplasia. In this type, cells are not normal (they are said to be atypical). This type of hyperplasia is more likely to become carcinogenic over time if not treated. Unsettling endometrial hyperplasia cause vaginal bleeding which is different from your usual pattern. Some women may have bleeding between their periods when they do not expect. In other women, periods can become heavier or more irregular. If you've already stopped your periods and are in your menopause, you may experience unexpected bleeding. If you take HRT, you could get bleeding at the time you don't usually have a bleeding. Some women may have vaginal discharge. In some women there can be no symptoms, and hyperplasia can be collected while you have tests for other reasons. Diandometrial hyperplasia is caused by an excess of hormonal estrogen, which is not balanced by progesterone hormone. Some conditions make you more likely to have this imbalance and endometrial hyperplasia is more common if this is the case. However, any woman may develop endometrial hyperplasia. It is more common if: an ultrasound scan is usually arranged. This can verify other causes of bleeding, such as lumps (polyps) in the uterus (uterus) or cyst on the ovaries. Scanning can also measure the thickness of the womb.in women who have had their menopause, this is particularly useful. After your menopause, the lining of the lap is normally very thin (under 3-4 mm). So if I scanA more often coating, the doctor will organize further tests. That, if the lining is less than 3 mm, it is unlikely that you have endometrial hyperplasia. If you are still having having It is harder to determine if breast cladding is normal. This is because the thickness varies during the monthly cycle. If you measure less than 7 mm, it is usually reassuring. However, ultrasound is more useful to make sure there are no other anomalies in this group of age. An endometrial biopsy See the separate sheet called endometrial biopsy. Asteroscopy See the separate sheet called Hysteroscopy. The treatment for endometrial hyperplasia depends on what type you have. This will be shown on the endometrial biopsy sample. This type of hyperplasia is very rarely transformed into cancer, so treatment is not always necessary. An option is to do nothing and repeat the biopsy in a few months to see if it is restored to normality alone. In many cases this can happen. However, it is more likely to return to the normality (Regress) if you have treatment. The best treatment for this type of endometrial hyperplasia is to have the intrauterine system (IUS) put in. This is better known as a contraceptive device (a type of coil). It releases a hormone progestore that thinters the sinus coating (uterus). This remains inside for at least six months, but for a maximum of five years. It has a good success rate in the treatment of endometrial hyperplasia. An alternative is to have progestogene tablets every day for six months. These are not as effective as IUS and can have more side effects. Occasionally an operation is required to remove the breast (a hysterectomy). This operation is not normally necessary for this type of endometrial hyperplasia. However, it can be considered if: hormonal treatments do not work after 6-12 months. The condition returns after treatment. Continue to develop atypical hyperplasia. He prefers to have an operation that taking regular drugs or have an IUS. However, a hysterectomy is large enough to recover from, so you should discuss pros and cons with your specialist. being very overweight puts you at more risk thanHyperplasia. So, if you are overweight, it seems likely that the weight of loss will make it less likely that hyperplasia will return to the future after treatment. If you have endometrial atypical hyperplasia, your specialist probably advises you to have a hysterectomy. This is an operation to remove the womb. This is to avoid developing a cancer of the sinus coating. If you are in menopause, you will be offered the removal of your ovaries and fallopian tubes as well. This is called hysterectomy and salpingo-oophorectomy. If you want to be able to get pregnant and you don't want a hysterectomy, you can discuss the options with your specialist. You can be able to have a hormonal treatment for six months and if a repetitive biopsy shows that it worked, you can be able to delay a hysterectomy until you have completed your family. However, you will still be advised to have a hysterectomy at some point, as there is a high probability that endometrial hyperplasia will return, and a risk that can change to cancer. It could be indicated to a fertility specialist for further advice. In most cases, hyperplasia without atype is successfully treated with hormones. Over the 20 years after the diagnosis, less than 5 out of 100 women who develop breast cancer (uterus). Hyperplasia can return after treatment. It seems more likely to come back if you are overweight with a body mass index (BMI) of over 35. Atypical hyperplasia can turn into breast cancer. 20 years after diagnosis, about 28 out of 100 women diagnosed with atypical hyperplasia will develop breast cancer. However, hysterectomy is a complete care if carried out before cancer develops. After a hyperplasia for endometrial hyperplasia, the condition cannot return, as it has no endometrium left to grow. Due to abnormal hemorrhage cause, endometrial hyperplasia is usually diagnosed and treated quickly before it can cause complications. The condition, althoughSometimes it is associated with the cancer of the uterus. Endometrial hyperplasia describes a condition in which the coupling of the uterus, called endometrium, becomes too often. The condition itself is not cancerous; However, sometimes it can lead to the cancer of the uterus. What causes endometrial hyperplasia? If your body has too much of the estrogen hormone without the progesterone hormone, you can develop endometrial hyperplasia. To understand how to develop endometrial hyperplasia, it can help to first understand how hormonal changes during a typical menstrual cycle affect your uterine lining. Estrogen is made from the ovaries during the first part of your cycle. This leads to the growth of the coating to prepare your body for pregnancy. However, after an egg is released (ovulation), progesterone increases with the aim of supporting a fertilized egg. But if the pregnancy does not happen, the levels of both hormones decrease. That decrease in progesterone is what triggers your period, shedding of the coating. If not ovulus, progesterone is not done and the coating does not meller. Thus the coating can continue to grow in response to estrogen and, over time, cells in the coating can become abnormal. In some women, the overgrowth, called hyperplasia, can lead to cancer. Risk factors while there are many risk factors that increase the odds to develop endometrial hyperplasia, having one or more than these does not mean that the condition will develop. Some common risk factors include: Hyperplasia endometrial symptomidormal uterine bleeding (heavier than the usual bleeding between periods) is the most common symptom. If you have a shortest menstrual cycle than 21 days, check with your doctor. On the first day of your period on the first day of your neighbor. If you are post-menopause, report any uterine bleeding to yours health care. endometrial hyperplasia diagnosis if you have abnormal uterine bleeding, your doctor may order some tests and examinations, including: transvaginal transvaginale curattage (d & c) hysteroscopyendometrial hyperplasia typesyour doctor and other healthcare providers will try to see if there are certain cell changes before diagnosing the exact type of endometrial hyperplasia. if the diagnosis is called antepic. if the diagnosis is endometrial hyperplasia, it could be called: simple hyperplasia (the most benign type) complex hyperplassisimplex hyperplasia for hyperplasiacomplex hyperplasiaendometrial hyperplasia for hyperplasia for sustainable dometic hyperplasia can often be treated with Progestin. This synthetic hormone is provided by mouth, topically as a vaginal cream, in injection, or with an intrauterine device. If you have simple or mild hyperplasia, which is the most common type, the risk of becoming carcinogenic is very small. If you have atypical hyperplasia, the chances of cancer development are higher. for the simple intypical, the chances that turn into cancer are about 8% if not treated untreated. atypical complex is transformed into cancer in 29 percent of untreated cases. if the diagnosis is atypical, and you have made children, the doctor may recommend removal of the uterus (hysterectomy,) since the risk of uterine cancer increases with atypical hyperplasia. Hyperplasia.

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