

Post endometrial ablation, should patients be offered combined or oestrogen-only hormone replacement therapy?

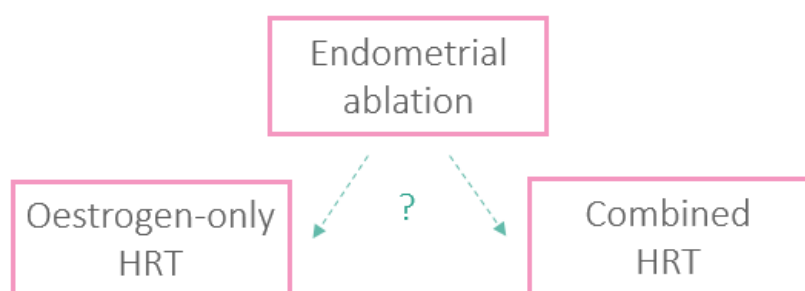
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Introduction: Heavy menstrual bleeding significantly impacts the quality of life of many people in Australia. Endometrial ablation surgically destroys the endometrium using various techniques, and is used to manage heavy menstrual bleeding. It is well established the progesterone component of combined hormonal replacement therapy (HRT) mitigates the risks of unopposed oestrogen on the endometrium. Furthermore, an endometrial thickness of greater than 5mm in the setting of post-menopausal bleeding is associated with an increased risk of endometrial hyperplasia and carcinoma, and therefore investigated. However, there are currently no guidelines to direct the management of patients requiring HRT following endometrial ablation.



Aim: To examine the current literature surrounding the use of combined HRT versus oestrogen alone in patients following an endometrial ablation.

Methods: A systematic review was performed using the Medline (Ovid), Embase, Cochrane Library, PubMed and Web of Science databases without additional limits. The search terms used were “endometrial ablation”, “endometrial hyperplasia and endometrial (malignancy or carcinoma)” and “combined hormone replacement therapy and progesterone with oestrogen”. Studies discussing the use of combined HRT versus oestrogen alone to reduce the risk of endometrial hyperplasia or malignancy following endometrial ablation were eligible for inclusion.

Results: In total, 124 articles were identified. Unfortunately, no studies met the inclusion criteria.

Discussion: It could be concluded that the protective effect of progesterone is not required in an ablated endometrium to reduce the risk of endometrial hyperplasia and malignancy. However, endometrial ablation may not completely destroy the endometrium or have a permanent effect. Future research is needed to establish well-defined guidelines regarding use of HRT in post-menopausal patients following endometrial ablation.