ASSESSMENT OF RISK FACTORS AND EARLY DIAGNOSIS OF ENDOMETRIAL HYPERPLASIA IN PERIMENOPAUSAL WOMEN

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Abstract
Endometrial hyperplasia is an important problem of reproductive health of women in perimenopause, as hormonal changes characteristic of this period increase the risk of its development. The main risk factors are hormonal imbalance, obesity, diabetes, hypertension and hereditary predisposition. The most important diagnostic methods are ultrasound, hysteroscopy with biopsy and molecular genetic testing, which allows for timely detection of pathologies and prevention of their progression. Early detection and timely correction of hormonal levels, as well as prevention of obesity and control of chronic diseases are key measures for the prevention of endometrial hyperplasia and its complications, such as endometrial cancer.

Keywords: Endometrial hyperplasia, perimenopause, early detection, risk factors

Introduction

Endometrial hyperplasia (EH) is a common disorder in perimenopausal women, a time of hormonal changes in the body. This condition can be benign or progress to a precancerous state, especially in the case of atypical hyperplasia, making early diagnosis and risk factor assessment critical for the prevention of endometrial cancer. The main risk factors for endometrial hyperplasia in perimenopausal women are hormonal imbalances, in particular

progesterone deficiency, obesity, diabetes, hypertension, and hereditary predisposition. These factors lead to hyperestrogenism, which contributes to hyperplastic changes in the endometrium.

Hormonal fluctuations during perimenopause can disrupt the menstrual cycle, causing endometrial thickening, which is a precursor to hyperplasia. Obesity and metabolic syndrome play an important role in increasing circulating estrogen levels, which in turn contributes to the development of hyperplasia. Early detection of the disease is possible thanks to modern diagnostic methods, including ultrasound examination (US), which allows visual determination of endometrial thickening, as well as hysteroscopy with biopsy, which is the gold standard for confirming the diagnosis. Molecular genetic studies aimed at identifying precancerous markers, such as mutations in the PTEN and KRAS genes, also play an important role in assessing the risk of endometrial cancer.

Conclusion

It is important to note that early diagnosis and appropriate treatment of endometrial hyperplasia can prevent the development of malignant neoplasms. It is important to use a comprehensive approach to diagnosis and treatment, taking into account the clinical features of perimenopausal women. Progesterone drugs and hormone replacement therapy (HRT) with progestins can significantly reduce the risk of disease progression in women on hormone therapy. Also, prevention, including weight control and metabolic diseases, is a necessary element in preventing hyperplasia.

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