Uterine Corpus

1 Epithelial Tumours and Related Lesions

1.1 Endometrial Hyperplasia

A proliferation of endometrial glands without cytologic atypia.

1.1.1 Simple (Figs. 1, 2)

1.1.2 Complex (Adenomatous) (Figs. 3, 4)

1.2 Atypical Endometrial Hyperplasia (Figs. 5, 6)

A proliferation of endometrial glands with cytologic atypia.

1.2.1 Simple

1.2.2 Complex (Adenomatous with Atypia)

Endometrial hyperplasia may be focal or diffuse; cytologic atypia in hyperplastic glands is typically focal. Hyperplastic endometrial glands are usually of proliferative type, but a focal or diffuse secretory change, metaplastic or related changes, or both may be present as well.

Although the endometrial glands are usually increased in number per unit volume in simple hyperplasia, the endometrial stroma is typically hyperplastic as well. The glands may be cystically dilated and slightly to moderately crowded. In complex hyperplasia the glands are markedly crowded and typically have irregular outlines, resulting in a complex pattern. Cytologic atypia is characterized by significant nuclear abnor-
malities, including loss of polarity, and may be superimposed on either simple or complex hyperplasia in atypical hyperplasia.

The above terminology was selected because of the confusion in the literature regarding the widely used designation “adenomatous”. Some authors have employed this term to denote architecturally abnormal but cytologically typical endometrial glands and others have used it to signify architecturally abnormal and cytologically atypical glands. The term “atypical adenomatous hyperplasia” has also appeared in the literature. In the alternative terminology, given in parentheses, the word “adenomatous” designates an architectural (complex-glandular) abnormality only; cytologic atypia, if present, must be noted additionally.

Endometrial hyperplasia must be distinguished from an endometrial polyp, glandular alterations accompanying endometritis, epithelial metaplasias, normal or slightly altered cycling endometrium, glandular alterations caused by pregnancy and progestin therapy, and adenocarcinoma.

Atypical endometrial hyperplasia is capable of progression to carcinoma if not adequately treated. The malignant potential of endometrial hyperplasia without cytologic atypia is considerably less.

1.3 Endometrial Polyp (Figs. 7, 8)

A benign nodular protrusion above the endometrial surface consisting of endometrial glands and stroma that is typically at least focally fibrous and contains thick-walled blood vessels.

Endometrial polyps are common, may be single or multiple, and vary in size from incidental microscopic findings to bulky masses that may prolapse through the external os; polyps are often pedunculated. The glands in endometrial polyps are usually inactive or weakly proliferative, but they may show secretory change, various forms of metaplasia, or hyperplasia. Carcinomas and other malignant tumours may arise within endometrial polyps.

1.4 Endometrial Carcinoma

1.4.1 Endometrioid

1.4.1.1 Adenocarcinoma (Figs. 9–12)

A carcinoma containing glands resembling those of the normal endometrium.