



MINI-SYMPOSIUM: EARLY INVASION IN GYNAECOLOGICAL MALIGNANCY

Histopathological challenges in the diagnosis of endometrial hyperplasia and carcinoma

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Summary The classification of endometrial hyperplasias and neoplasms often causes diagnostic problems. This review aims to provide a broad overview of the terminology and microscopic features of endometrial hyperplasias, emphasizes the morphological features that are useful in categorizing these and in discriminating them from endometrial carcinoma. It also provides a brief summary of the variants of endometrial carcinoma. A more detailed discussion of endometrial hyperplasias and neoplasms can be found elsewhere.

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Endometrial hyperplasia

The term endometrial hyperplasia refers to a group of proliferative abnormalities of the endometrium, which are characterized by an increase in the amount of endometrium, alterations in glandular architecture and changes in the gland:stroma ratio. These lesions are a frequent cause of diagnostic problems in routine histopathological practice.¹

The 1994 World Health Organization (WHO) classification is the most commonly used classification system for endometrial hyperplasias.² This is based on the observation that the presence of cytological atypia in endometrial hyperplasias is closely linked to progression to carcinoma. Accordingly, the WHO classification divides endometrial hyperplasias into two categories depending on the presence or absence of cytological atypia. The first

category, termed endometrial hyperplasia, is defined by a lack of cytological atypia. The second category is termed atypical endometrial hyperplasia and includes those lesions that show cytological atypia. Each of these main categories is further subdivided into simple and complex subtypes, the former being defined by a lack, and the latter by the presence, of glandular architectural abnormalities (Table 1). The term ‘simple endometrial hyperplasia’ refers to non-atypical hyperplasia without glandular architectural abnormalities, whereas ‘complex endometrial hyperplasia’ denotes non-atypical hyperplasia with glandular architectural abnormalities. The term ‘simple atypical hyperplasia’ is rarely used in practice, as there is considerable controversy about the validity of this category. Thus, in routine histopathological practice the term ‘atypical endometrial hyperplasia’ refers to complex atypical hyperplasia.

The validity of this terminology has been challenged on the grounds of observer variability³ and

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preliminary findings on the biology of endometrial hyperplasias.^{4,5} The authors of these studies have proposed modifications to the existing terminology. However, the proposed new schemes have not been adequately evaluated, and it is advised that, for the present, histopathologists continue to adhere to the WHO classification.

Table 1 WHO classification of endometrial hyperplasia

Endometrial hyperplasia (non-atypical)	Atypical endometrial hyperplasia
Simple hyperplasia without atypia	Simple atypical hyperplasia
Complex hyperplasia without atypia	Complex atypical hyperplasia

Simple endometrial hyperplasia

Simple endometrial hyperplasia usually involves the entire endometrium with resulting diffuse endometrial thickening. On microscopic examination it is characterized by glands showing marked variation in size and shape (Fig. 1). Some of the glands may be normal in size, but many are cystically dilated. The glands are separated by abundant stroma. Glandular crowding should be either absent or minimal and focal. The glandular outline may be round or slightly irregular, but budding and branching should be either absent or minimal. The epithelial lining closely resembles that seen in proliferative endometrium (Fig. 1d). The epithelial cells are columnar, pseudostratified and arranged with the long axis of their nuclei at right angles to the basement membrane. The nuclei are round or oval with evenly dispersed chromatin and inconspicuous nucleoli. Mitotic activity is present

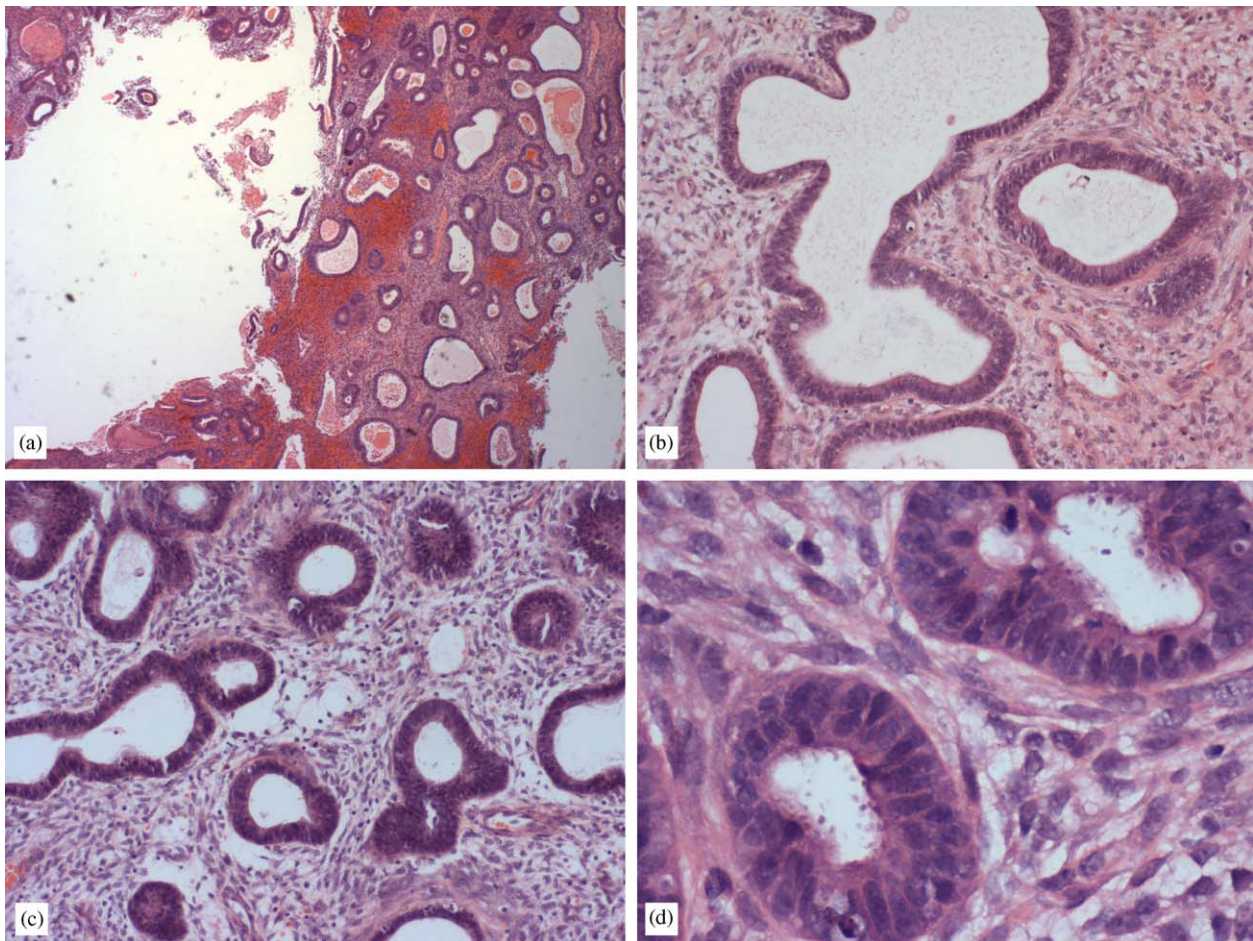


Figure 1 (a–d) Simple endometrial hyperplasia. Marked variation in size and shape of the glands separated by abundant stroma. Some glands are normal in size, but many are cystically dilated. The glandular outline is round to slightly irregular, but budding and branching is absent. The epithelial lining closely resembles that seen in proliferative endometrium (Fig. 1(d)).

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