

Letter to AJOG

Risk of endometrial cancer in asymptomatic postmenopausal women in relation to ultrasonographic endometrial thickness.

max 3 authors

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TO THE EDITORS: We have read with great interest the rigorous systematic review by Vitale et al.¹ about the value of endometrial thickness measurements in assessing the risk for endometrial cancer in postmenopausal women without abnormal uterine bleeding. Since ultrasonography is not only performed in case of postmenopausal bleeding but also increasingly for numerous other indications, the paper's topic is clinically highly relevant, not in the least to avoid unnecessary additional investigations in elderly women.

For the latter issue, we think that the conclusions of Vitale's paper should be interpreted with caution. The ultrasonographic evaluation of the endometrium should not be limited to the measurement of the endometrial thickness. Besides a thin endometrium, other sonographic features are reassuring as to the absence of malignancy: e.g., a 3-layer type echogenicity; a regular endometrial midline; a single dominant vessel without branching. Moreover, some benign lesions such as benign polyps or intracavitary fibroids have typical sonographic features. In 2022 the International Endometrium Tumor Analysis (IETA) group published a prospective multicentric study on the sonographic evaluation of the endometrium in 1745 women without abnormal uterine bleeding². It was demonstrated that the features described in symptomatic women did roughly also apply in women without abnormal bleeding. The median endometrial thickness in asymptomatic postmenopausal endometrial carcinoma or atypical hyperplasia was 11.0mm (95% CI 8.2-13.8). A correct sonographic assessment is therefore essential to avoid unnecessary, more invasive testing. This is true for symptomatic women; this is even more valid in the asymptomatic.

We therefore strongly discourage using merely an endometrial thickness cut-off to decide whether further testing is warranted.

Using a 3-5mm cut-off would imply about half of asymptomatic women would undergo further testing. To date there is no evidence that this would lead to improved survival, lower morbidity, lower cost nor a better quality of life³.

Especially in elderly women, any attempt to pass the endocervical canal either may be unsuccessful or end up with cervical laceration or uterine perforation. Although highly underreported, dilatation and curettage and operative hysteroscopy, may lead to major complications⁴.

To conclude, an incidental finding of a “thickened” endometrium in a postmenopausal woman without abnormal uterine bleeding is not an immediate indication for further, more invasive testing. We advise to first proceed with a careful evaluation of the other sonographic features, take the patient’s characteristics into account (e.g., age, BMI, parity, comorbidity) and inform the patient. Look, relook, think and do not harm! **(398 words)**

References **(max 4 ref)**

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