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Original Article

Management of Endometrial Hyperplasia: Comparison of Oral Progestins and Levonorgestrel-Releasing Intrauterine Device

Thomas Watts Wilkinson[1], Eduardo Molina Reyes[2], Diego Moreno Ríos[3]

ABSTRACT

Background

Endometrial hyperplasia (EH) is a condition characterized by the thickening of the endometrium, often due to excessive estrogen stimulation. Effective management is crucial to prevent progression to endometrial cancer.

Objective

This study compares the efficacy and safety of oral progestins versus the levonorgestrel-releasing intrauterine device (LNG-IUD) in the management of endometrial hyperplasia.

Methods

A multicenter, randomized controlled trial was conducted involving 200 women diagnosed with uncomplicated endometrial hyperplasia. Participants were assigned to receive either oral progestins (n=100) or LNG-IUD (n=100) for a duration of 6 months. Primary outcomes included the resolution of hyperplasia, symptom relief, and side effects. Follow-up assessments were conducted at 3 and 6 months post-treatment.

Results

Complete resolution of endometrial hyperplasia was achieved in 75% of the LNG-IUD group compared to 60% in the oral progestin group ($p < 0.05$). Both groups reported significant improvements in symptoms, including abnormal uterine bleeding. Side effects were more prevalent in the oral progestin group, with 30% experiencing adverse effects versus 15% in the LNG-IUD group ($p < 0.05$).

Conclusions

The levonorgestrel-releasing intrauterine device is more effective than oral progestins in resolving endometrial hyperplasia and has a favorable side effect profile. These findings suggest that LNG-IUD should be considered a first-line treatment option for women with endometrial hyperplasia.

***Keywords**: Endometrial Hyperplasia, Oral Progestins, Levonorgestrel-Releasing Intrauterine Device, Treatment Outcomes, Women's Health*

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