

An Examination of the Association Between Types of Menopausal Hormone Therapy (Estrogen-Only Hormone Therapy Versus Combined-Hormone-Therapy Versus Tibolone) and Endometriosis Progression in Peri/Postmenopausal Women With a Previous Hysterectomy

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To the Editor

In a menopausal woman with a previous hysterectomy, estrogen-only hormone therapy (EO-HT) is currently believed to be the most effective for managing climacteric symptoms and preventing health consequences of a hypoestrogenic state [1]. However, in women with estrogen-dependent conditions such as endometriosis, there is a body of literature and guidelines which recommend the preferred use of combined-hormone-therapy (C-HT) or tibolone [1]. This creates a clinical dilemma regarding how climacteric symptoms should be managed in women with a history of endometriosis and a hysterectomy. Few high-quality evidence was found, and most conclusions drawn have been heavily reliant on case-studies. Despite this, a recent systematic review suggested that C-HT and tibolone should be used as the preferred menopausal hormone therapy (MHT) option in these women [2]. There are few other systematic reviews on this topic, and most conclude a non-significant association between any type of hormone therapy and endometriosis progression in these women [3, 4]. This lack of significant association between types of MHT and endometriosis progression is further supported by a recent retrospective analysis following the use of different MHT in 330 women with a history of endometriosis and

hysterectomy [5]. In this study, 10 recurrences were observed in those using MHT, and interestingly, the discontinuation of MHT in all cases of recurrence resulted in the resolution of symptoms [5]. Despite this, the lack of definitive association between types of MHT and the known protective effect of MHT in symptomatic women means MHT should not be withheld, even in women with a history of endometriosis and hysterectomy. As such, clinicians should appreciate that recurrences can occur and present variedly in these women, where common presentations include pelvic pain and pelvic vaginal bleeding [3, 5]. Further research, particularly larger-scale observational studies are needed for stronger evidence to be drawn.

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Author Contributions

LC carried out the systematic analysis of journals related to the given topic, including screening, selection of journals to draw conclusions for this manuscript. PN was involved in the conception of the research question, editing and review of the manuscript.

Data Availability

The authors declare that data supporting the findings of this study are available within the article.

Abbreviations

EO-HT: estrogen-only therapy; C-HT: combined hormone therapy; MHT: menopausal hormone therapy

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