

# Menopause management for women with fibroids and endometriosis

Fibroids (leiomyomas) and endometriosis are benign estrogen-dependent conditions. Fibroids tend to shrink and endometriosis symptoms improve after menopause.

## Fibroids

- Evidence regarding different types of menopausal hormone therapy, including tibolone, on fibroid growth is limited.
- Menopausal hormone therapy seems to stimulate the growth of fibroids mainly in the first two years of use. Ultrasound may help in monitoring.
- Fibroids do not represent a contraindication to menopausal hormone therapy, although, anecdotally, submucous fibroids may be associated with breakthrough bleeding or heavier withdrawal bleeds with sequential therapy.
- **Treatments other than hysterectomy** are available, including myomectomy, endometrial ablation, radio-frequency fibroid ablation, uterine artery embolization, magnetic resonance-guided focused ultrasound and selective progesterone receptor modulators.
- It is not known how fibroids treated without hysterectomy will respond to menopausal hormone therapy.

## Endometriosis

- The two key concerns about the use of menopausal hormone therapy by women with endometriosis are **reactivation of the disease** and the **production of new implants**.
- The potential for **malignant transformation** of endometriosis after the menopause, spontaneously or in association with menopausal hormone therapy, is uncertain.
- Use of menopausal hormone therapy depends on age at menopause and symptoms.
- Data regarding menopausal hormone therapy regimens are limited. However, it may be safer to give either continuous combined estrogen–progestogen therapies or tibolone in both hysterectomized and non-hysterectomized women to reduce the risk of recurrence and malignant transformation of residual disease.
- Nonhormonal options for menopausal symptoms or maintenance of bone health are not contraindicated.

## Further information

**EMAS CareOnline 2020** <https://emas-online.org/emas-careonline>

**ESHRE. Guideline on endometriosis 2022** <https://www.eshre.eu/Guidelines-and-Legal/Guidelines/Endometriosis-guideline.aspx>