

Endometrial precancers are a heterogeneous group of abnormal endometrial proliferation; the nature of morphological changes is complex – they affect cell nucleus, cytoplasm and architecture of glands. Precancers may progress in endometrial cancer, which is the most common malignancy after breast cancer in women, and whose incidence has been increasing continuously in economically developed countries in recent years.

Precancers pathogenesis is a multifactorial process involving several consecutive events, which are accompanied by biochemical, morphological and cytological changes and which result from changes in cellular genes. According to clinical-pathological findings, the endometrial precancers and cancers were divided into two types. Type I of endometrial neoplasia is called estrogen-dependent, it is adherent to prolonged and unopposed estrogen stimulation causing increased proliferation of the endometrium, then there are spontaneous mutations and there arises atypical endometrial hyperplasia, which is well-known precursor of subsequent invasive cancer. On the contrary type II of endometrial lesions is estrogen-independent arising from atrophic endometrium with no apparent effect of estrogens. In lesions type II, a precursor called endometrial carcinoma in situ is being considered currently.

Clinical symptom of endometrial precancers and cancer is abnormal uterine bleeding. There is ultrasound examination, fractionated curettage and hysteroscopy applied in the diagnosis. Targeted therapy is required at each diagnosis of hyperplasia. We

can use a conservative (hormonal) and ablative methods in treatment. Primary prevention of precancers is the establishment of regular menstrual cycle, whereby we can exclude the major risk factor – increased and long-term stimulation of the endometrium by estrogens without concurrent effect of progestins. Secondary prevention is consistent treatment of precancers through which we can prevent disease progression in the invasive carcinoma of the endometrium.