5<sup>th</sup> International Conference on

## **Gynecology and Obstetrics**

October 08-10, 2018 | Zurich, Switzerland



Liane Deligdisch

Icahn School of Medicine at Mount Sinai, USA

## Effects of hormone therapy on the uterus

Tormone therapy is widely prescribed to women of all ages throughout the world. Younger women are using oral contraceptives, Lor hormonal ovulation stimulation for infertility. Peri and postmenopausal women are treated with hormone replacement therapy, a controversial issue with challenging new aspects. For breast cancer and uterine neoplastic lesions, there is hormonal adjuvant therapy. The effects on the uterus, especially on the endometrium are multiple, usually prompt and highly versatile due to the presence of binding steroid receptors. The most commonly used hormones are Estrogens (E) and Progesterone (P), normally present and responsible for reproductive functions in premenopausal women. Prolonged and unopposed E may result in abnormal proliferation, hyperplasia and neoplasia of endometrial tissue, and can be reverted to some extent by P therapy. Endometrial Carcinoma (EC), the most common gynecologic malignancy in the USA and in most of the industrialized world, often associated with overweight, diabetes and increased longevity, is also related to hyperestrogenism in the majority of cases. Type I hyperestrogenismassociated EC has a much better clinical outcome than type II which is possibly independent from hormones. A potential viral cofactor (HMTV) has recently been demonstrated in the latter. Tamoxifen, a non-steroidal estrogen derivative is successfully used in breast cancer due to its antiestrogenic effect on breast tissue but can have an estrogen-agonist effect on the endometrium especially in elderly patients who may develop endometrial polyps, hyperplasia and cancer, as demonstrated in the large series of 700 patients by this author and team. Uterine leiomyomas, the most common benign uterine tumors can be effectively treated with hormones, especially GnRH agonists as analyzed by the same team, due to a reversible menopausal effect manifested by shrinking of the volume of these sometime very large tumors.

## **Biography**

Liane Deligdisch has completed her Graduation at Medical School in Bucharest, Romania, trained in Obstetrics-Gynecology and Pathology in Israel where she became an Associate Professor of Pathology at the Tel Aviv Medical School. In USA, she was a Visiting Professor at the Magee Women's Hospital in Pittsburgh, Pa and trained in Gynecologic Pathology at the Boston Free Hospital for Women (Harvard Medical School) and in Perinatal Pathology at The Mount Sinai School of Medicine in New York where she is an attending and tenured full Professor since 1986. She founded the Division of Gynecologic Pathology and the Course of Gynecologic Pathology at the Medical School of the Mount Sinai Medical Center. She has published 148 peer-reviewed articles of which numerous studies are focused on uterine pathology related to hormonal effects and carcinogenesis, and on ovarian pathology. She has edited and authored seven textbooks on Gynecologic Pathology including child and adolescent disorders, early diagnosis of gynecologic malignances, uterine and ovarian neoplasms. She gave numerous courses and lectures at national and international meetings, received awards and in 2007 became an elected member of the French National Academy of Medicine.

Liane.Deligdisch@mountsinai.org