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Date of Search: 23 November 2023

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Hepatic Adenomas and HRT

1. Reproductive Health and Liver Disease: Practice Guidance by the American Association for the Study of Liver Diseases.

Item Type: Journal Article

Authors: Sarkar, M.;Brady, C. W.;Fleckenstein, J.;Forde, K. A.;Khungar, V.;Molleston, J. P.;Afshar, Y. and Terrault, N. A.

Publication Date: 2021

Journal: Hepatology 73(1), pp. 318-365

URL: <https://libkey.io/libraries/2828/openurl?genre=article&aulast=Sarkar&issn=0270-9139&title=Hepatology&atitle=Reproductive+Health+and+Liver+Disease%3A+Practice+Guidance+by+the+American+Association+for+the+Study+of+Liver+Diseases&volume=73&issue=1&spage=318&epage=365&date=2021&doi=10.1002%2Fhep.31559&pmid=32946672&sid=OVID:embase>



2. Menopausal hormone therapy in women with medical conditions.

Item Type: Journal Article

Authors: Kapoor, E.;Kling, J. M.;Lobo, A. S. and Faubion, S. S.

Publication Date: 2021

Journal: Best Practice and Research: Clinical Endocrinology and Metabolism 35(Hormone therapy for menopause and premature ovarian insufficiency.), pp. Arte Number: 101578. ate of Pubaton: eember 2021

Abstract: Hormone therapy is the most effective treatment for menopause-related symptoms. Current evidence supports its use in young healthy postmenopausal women under the age of 60 years, and within 10 years of menopause, with benefits typically outweighing risks. However, decision making is more complex in the more common clinical scenario of a symptomatic woman with one or more chronic medical conditions that potentially alter the risk-benefit balance of hormone therapy use. In this review, we present the evidence relating to the use of hormone therapy in women with chronic medical conditions such as obesity, hypertension, dyslipidemia, diabetes, venous thromboembolism, and autoimmune diseases. We discuss the differences between oral and transdermal routes of administration of estrogen and the situations when one route might be preferred over another. We also review evidence regarding the effect of different progestogens, when available.

Access or request full text: <https://libkey.io/10.1016/j.beem.2021.101578>

3. Evidence of good prognosis of hepatocellular adenoma in post-menopausal women.

Item Type: Journal Article

Authors: Klompenhouwer, A. J.;Sprengers, D.;Willemsen, F. E. J. A.;Gaspersz, M. P.;Ijzermans, J. N. M. and De Man, R. A.

Publication Date: 2016

Journal: Journal of Hepatology 65(6), pp. 1163-1170

Abstract: Background & Aims Hepatocellular adenoma (HCA) is a rare benign liver tumor, which typically develops in women in their reproductive phase and is associated with the use of oral contraceptives. The aim of this study was to evaluate whether follow-up of HCA can be safely terminated after the occurrence of menopause. Secondary, we studied the impact of the diagnosis HCA on health-related quality of life (HRQoL). Methods This was a cross-sectional cohort study, including 48 post-menopausal women with HCA. Patients underwent ultrasound examination and the size of HCA was compared to size at the last follow-up imaging (CT, MRI or ultrasound). HRQoL was evaluated by the Liver Disease Symptom Index 2.0 and Short Form 12. Results Median time since last follow-up was 60.5 months. In 44 patients 43.5% of the lesions were undetectable, 32.6% were stable in size and 19.6% became smaller. Mean diameter of HCA was 17.2 mm compared to 35.9 mm at last follow-up (p Copyright © 2016 European Association for the Study of the Liver

URL: <https://libkey.io/libraries/2828/openurl?genre=article&aulast=Klompenhouwer&issn=01>



[68-8278&title=Journal+of+Hepatology&title=Evidence+of+good+prognosis+of+hepatocellular+adenoma+in+post-menopausal+women&volume=65&issue=6&spage=1163&epage=1170&date=2016&doi=10.1016%2Fj.jhep.2016.07.047&pmid=27524464&sid=OVID:embase](#)

4. Testosterone therapy in women: Myths and misconceptions.

Item Type: Journal Article

Authors: Glaser, R. and Dimitrakakis, C.

Publication Date: 2013

Journal: Maturitas 74(3), pp. 230-234

Abstract: Although testosterone therapy is being increasingly prescribed for men, there remain many questions and concerns about testosterone (T) and in particular, T therapy in women. A literature search was performed to elucidate the origin of, and scientific basis behind many of the concerns and assumptions about T and T therapy in women. This paper refutes 10 common myths and misconceptions, and provides evidence to support what is physiologically plausible and scientifically evident: T is the most abundant biologically active female hormone, T is essential for physical and mental health in women, T is not masculinizing, T does not cause hoarseness, T increases scalp hair growth, T is cardiac protective, parenteral T does not adversely affect the liver or increase clotting factors, T is mood stabilizing and does not increase aggression, T is breast protective, and the safety of T therapy in women is under research and being established. Abandoning myths, misconceptions and unfounded concerns about T and T therapy in women will enable physicians to provide evidenced based recommendations and appropriate therapy. © 2012 Elsevier Ireland Ltd.

Access or request full text: <https://libkey.io/10.1016/j.maturitas.2013.01.003>



5. Management of female sexual dysfunction in postmenopausal women by testosterone administration: Safety issues and controversies.

Item Type: Journal Article

Authors: Braunstein, G. D.

Publication Date: 2007

Journal: Journal of Sexual Medicine 4(4 I) (pp 859-866), pp. ate of Pubaton: July 2007

Abstract: Introduction. A Food and Drug Administration advisory group has questioned the long-term safety of testosterone administration to postmenopausal women. Although only short-term data exist on safety from the double-blind, placebo-controlled trials, testosterone has been used for more than 50 years. Therefore, some data concerning the long-term safety issues must exist in the literature. Aim. To review the published data concerning the safety of administration of testosterone to women. Methods. Review of published articles identified by a search of the Ovid databases and bibliographies from articles identified as dealing with the topics of testosterone or androgen treatment of women. Results. Themajor adverse reactions to exogenous androgens are the expected androgenic side effects of hirsutism and acne. High-density lipoprotein levels may be decreased with oral androgens. There are insufficient long-term safety data regarding breast, endometrium, or heart safety to draw strong conclusions, although the data available to date are reassuring. Conclusions. Testosterone administration to postmenopausal women that result in physiological to slightly suprphysiological serum-free testosterone levels is safe for at least 2 years. © 2007 International Society for Sexual Medicine.

URL: <https://libkey.io/libraries/2828/openurl?genre=article&aulast=Braunstein&issn=1743-6095&title=Journal+of+Sexual+Medicine&atitle=Management+of+female+sexual+dysfunctio+n+in+postmenopausal+women+by+testosterone+administration%3A+Safety+issues+and+c ontroversies&volume=4&issue=4+I&spage=859&epage=866&date=2007&doi=10.1111%2Fj .1743-6109.2007.00516.x&pmid=17627735&sid=OVID:embase>

6. Female hormones and benign liver tumours.

Item Type: Journal Article

Authors: La Vecchia, C. and Tavani, A.

Publication Date: 2006

Journal: Digestive and Liver Disease 38(8), pp. 535-536

URL: <https://libkey.io/libraries/2828/openurl?genre=article&aulast=La+Vecchia&issn=1590-8658&title=Digestive+and+Liver+Disease&atitle=Female+hormones+and+benign+liver+tum ours&volume=38&issue=8&spage=535&epage=536&date=2006&doi=10.1016%2Fj.dld.200 6.04.012&pmid=16753350&sid=OVID:embase>



7. Selective estrogen receptor modulators: A controversial approach for managing postmenopausal health.

Item Type: Journal Article

Authors: Curtis, M. G.

Publication Date: 1999

Journal: Journal of Women's Health 8(3), pp. 321-333

Abstract: Hormone replacement therapy (HRT) is considered the standard of care for managing the acute (e.g., hot flashes, vaginal dryness) and long-term (e.g., increased risk of cardiovascular disease, osteoporosis) sequelae of menopause. A group of synthetic nonsteroidal compounds, which act on the estrogen receptor, have been promoted for use as an alternative to hormonal therapy for postmenopausal women. Originally called antiestrogens because of their ability to antagonize the action of estrogen, these compounds possess both agonist and antagonist properties of estrogen action. They are now referred to as selective estrogen receptor modulators (SERMs). This article reviews the mechanism of action and the efficacy and safety data for SERMs currently used for clinical purposes. These data may indicate why the use of SERMs is a controversial alternative to HRT.

URL: <https://libkey.io/libraries/2828/openurl?genre=article&aulast=Curtis&issn=1059-7115&title=Journal+of+Women%27s+Health&atitle=Selective+estrogen+receptor+modulators%3A+A+controversial+approach+for+managing+postmenopausal+health&volume=8&issue=3&spage=321&epage=333&date=1999&doi=10.1089%2Fjwh.1999.8.321&pmid=10326987&sid=OVID:embase>



8. Sex hormonal preparations and the liver.

Item Type: Journal Article

Authors: Dourakis, S. P. and Tolis, G.

Publication Date: 1998

Journal: The European Journal of Contraception & Reproductive Health Care : The Official Journal of the European Society of Contraception 3(1), pp. 7-16

Abstract: The long-term use of oral contraceptives (OCs) may be associated with an increased, though quite small, risk of certain types of liver disease: acute intrahepatic canalicular idiosyncratic cholestasis, benign hepatic tumors (hepatic adenoma, focal nodular hyperplasia, hemangiomas), hepatocellular carcinoma, peliosis hepatis, hepatic vein thrombosis, and portal vein thrombosis. Estrogens have lithogenic properties, as shown by a rise in biliary cholesterol secretion and cholesterol saturation index, yet no substantial increase in the risk of gallstones among estrogen users has been found. Hormone replacement therapy (HRT), given after oophorectomy or menopause, is not associated with clinically significant liver injury. Generally speaking, synthetic sex hormones should not be used in patients with acute and chronic liver disease. A trial of a low-dose estrogen can be instituted under close monitoring for adverse reactions and HRT preparations are not contraindicated in patients with chronic liver disease. Moreover, OCs and HRT can be prescribed quite safely following successful liver transplantation. The incidence of hepatic abnormalities in patients taking androgen hormones is very high. Liver adenomas, cholestasis, peliosis, nodular regenerative hyperplasia and, particularly, hepatocellular carcinoma may complicate long-term use of C17-substituted testosterone and anabolic steroids.

URL: <https://libkey.io/libraries/2828/openurl?genre=article&aulast=Dourakis&issn=1362-5187&title=The+European+journal+of+contraception+%26+reproductive+health+care+%3A+the+official+journal+of+the+European+Society+of+Contraception&atitle=Sex+hormonal+preparations+and+the+liver&volume=3&issue=1&spage=7&epage=16&date=1998&doi=&pmid=9678067&sid=OVID:embase>



9. Are current oral contraceptives associated with an increased risk of liver tumors ?

Item Type: Conference Proceeding

Authors: Mallet, L.

Publication Date: 1997

Publication Details: France: Elsevier Masson SAS (62 rue Camille Desmoulins, Issy les Moulineaux Cedex 92442, France),

Abstract: Early oral contraceptives combining a high dose of ethinylestradiol with a progestogen responsible for marked androgenic effects have been shown to increase the risk of liver adenoma and to a lesser extent of hepatocellular carcinoma, and have also been suggested as a risk factor for focal nodular hyperplasia. To date, there have been no reports of studies specifically designed to evaluate the risk of liver tumors with current oral contraceptives combining a low dose of ethinylestradiol with a third- generation progestogen. No cases of liver tumor were identified in two retrospective studies conducted in Sweden from 1965 to 1994 in patients under contraceptives containing small amounts of ethinylestradiol or in a retrospective study done in Germany from 1971 to 1994 in patients taking oral contraceptives containing a third-generation progestogen. The natural estrogens used as menopausal replacement therapy do not increase the risk of liver tumors and may even protect against the occurrence of hepatocellular carcinoma.

URL: <https://libkey.io/libraries/2828/openurl?genre=article&aulast=Mallet&issn=0037-1777&title=Semaine+des+Hopitaux&atitle=Les+estro-progestatifs+sont-ils+toujours+associes+a+un+risque+accru+de+tumeur+du+foie+%3F&volume=73&issue=19-20&spage=619&epage=621&date=1997&doi=&pmid=&sid=OVID:embase>



10. **Relative value of transdermal and oral estrogen therapy in various clinical situations.**

Item Type: Journal Article

Authors: Lufkin, E. G. and Ory, S. J.

Publication Date: 1994

Journal: Mayo Clinic Proceedings 69(2), pp. 131-135

Abstract: Objective: In this study, we reviewed the comparative effectiveness of transdermal and oral estrogen therapy in various groups of women. Design(s): On the basis of published data and personal clinical experience, we compiled recommendations for use of the various modes of estrogen replacement therapy. Material(s) and Method(s): The use of injectable estrogen or implantable estrogen pellets can no longer be recommended because of their expense, inconvenience, and unphysiologic pattern of serum estrogen response. The two main estrogen preparations currently used in the United States-orally administered conjugated estrogens and transdermally administered estradiol-undergo different metabolism, and these processes are reflected in differing levels of circulating hormones and hepatic by-products, including blood clotting factors, binding proteins, renin substrate, and apolipoproteins, and in varied composition of the bile. Result(s): At least theoretically, transdermal estrogen therapy might be more beneficial than oral estrogen therapy for women who smoke cigarettes or who have migraine headaches, hypertriglyceridemia, hepatobiliary disorders, fibrocystic breast disease, or a history of thromboembolism. In contrast, women with hypercholesterolemia might respond better to oral than to transdermal estrogen therapy. Conclusion(s): Additional properly designed clinical studies are necessary before these recommendations for estrogen replacement therapy can be validated or refuted.

URL: <https://libkey.io/libraries/2828/openurl?genre=article&aulast=Lufkin&issn=0025-6196&title=Mayo+Clinic+Proceedings&atitle=Relative+value+of+transdermal+and+oral+estrogen+therapy+in+various+clinical+situations&volume=69&issue=2&spage=131&epage=135&date=1994&doi=10.1016%2FS0025-6196%2812%2961038-6&pmid=8309263&sid=OVID:embase>

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Embase <1974 to 2023 November 22>

1	exp liver adenoma/	4108
2	Hepatic adenoma*.tw.	1204
3	liver adenoma*.tw.	382
4	hepatocellular adenoma*.tw.	2127
5	1 or 2 or 3 or 4	5459
6	(HRT or hormone replacement).tw.	34675
7	exp hormone substitution/	63948
8	6 or 7	78117
9	5 and 8	55
10	from 9 keep 22,28,31,39	4
11	menopaus*.tw.	87035
12	exp menopause/ or exp menopause related disorder/	79251
13	11 or 12	121207
14	5 and 13	28
15	from 14 keep 3,9,17,21-22,24	6
16	exp estrogen therapy/ or exp conjugated estrogen/	32193
17	5 and 16	47
18	from 17 keep 13	1
19	exp climacterium/	9585
20	5 and 19	0
21	exp postmenopause/	77376
22	5 and 21	8
23	from 22 keep 4,8	2



Ovid MEDLINE(R) and In-Process, In-Data-Review & Other Non-Indexed Citations and Daily <1946 to November 22, 2023>

1	hepatic adenoma*.tw.	842
2	liver adenoma*.tw.	284
3	hepatocellular adenoma*.tw.	1694
4	exp Adenoma, Liver Cell/	1052
5	1 or 2 or 3 or 4	2917
6	(HRT or hormone replacement).tw.	23827
7	exp Hormone Replacement Therapy/	26483
8	menopaus*.tw.	55914
9	exp Menopause/	63527
10	6 or 7 or 8 or 9	117669
11	5 and 10	15
12	exp Climacteric/	66252
13	5 and 12	1