

Normal range of endometrial thickness

The designation of normal limits of endometrial thickness rests on determining at which thickness the risk of endometrial carcinoma is significantly increased.

Whilst quantitative assessment is important, endometrial morphology and the presence of risk factors for endometrial malignancy should also be taken into account when deciding whether or not endometrial sampling is indicated.

Commonly accepted endovaginal ultrasound values are as follows.

Premenopausal

In premenopausal patients, there is significant variation at different stages of the menstrual cycle.

- during menstruation: 2-4 mm ^{1,4}
- early proliferative phase (day 6-14): 5-7 mm
- late proliferative / preovulatory phase: up to 11 mm
- secretory phase: 7-16 mm
- following dilatation and curettage or spontaneous abortion: <5 mm, if it is thicker consider [retained products of conception](#)

Postmenopausal

Will depend on whether or not there is a history of vaginal bleeding, and on the use of hormonal therapy / tamoxifen.

- vaginal bleeding (and not on tamoxifen):
 - suggested upper limit of normal is <5 mm ⁵
 - the risk of carcinoma is ~7% if the endometrium is >5 mm and 0.07% if the endometrium is <5 mm ⁸
 - on hormonal replacement therapy: upper limit is 5 mm
- no history of vaginal bleeding:
 - the acceptable range of endometrial thickness is less well established in this group, cut-off values of 8-11 mm have been suggested ^{ref required}
 - the risk of carcinoma is ~7% if the endometrium is >11 mm, and 0.002% if the endometrium is <11 mm ⁸
- if on tamoxifen ³: <6 mm (although ~50% of those receiving tamoxifen have been reported to have a thickness of >8 mm ⁷)

The information is from <https://radiopaedia.org/articles/endometrial-thickness>. The article can be found at that link.