

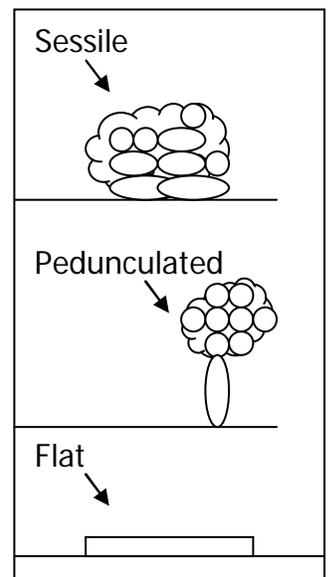
Polyps

What are colon polyps?

Polyps are abnormal growths raising the lining of the large intestine (colon) and protruding into the intestine canal (lumen). Sessile polyps have a flat base and can look like a wart or a mushroom cap; pedunculated polyps have a stalk and look like mushrooms. The size of either type has a wide range. Polyps are one of the most common conditions affecting the colon and rectum, occurring in 15-20% of the adult population. Although most polyps are benign, the relationship of certain polyps to cancer is well established. Most polyps produce no symptoms and often are found incidentally during endoscopy or x-ray of the bowel. Some polyps, however, can produce bleeding, mucous discharge, or if very large, pain.

What are the different tissue types of polyps?

There are two common types of polyps: hyperplastic and adenoma. The hyperplastic polyp is not at risk for cancer (unless it is very large and this is rare). The adenoma is thought to be the origin for most colon cancer. A biopsy (taking small pieces of tissue) is the only definite way to differentiate between hyperplastic and adenomatous polyps. There are certain visual appearances by colonoscopy that can be predictive. Larger adenomas and adenomas that have certain microscopic features are more likely to become cancer or contain cancer cells. Some adenomas are called serrated adenomas. These are more likely to be flat and difficult to see. The risk of developing cancer from these is not different than other adenoma assuming the tissue is completely removed.



What are the known risks for developing polyps?

A genetic predisposition, exposures to toxins in our environment, or loss of protective genetic features in our colon lining with aging are thought to be the main risk factor for developing polyps. The biggest risk factor for developing polyps is being older than 50. A family history of colon polyps or colon cancer increases the risk of polyps. People who have a personal history of polyps or colon cancer are at risk of developing new polyps. In addition, there are several cancer syndromes that run in families and increase the risk of polyps and cancer at young ages.

How are polyps diagnosed and treated?

Polyps best diagnosed and treated by looking at the colon lining directly with standard colonoscopy. Since there is no foolproof way of predicting whether or not a polyp is or will become malignant, total removal of all polyps is generally advised. The vast majority of medium and large polyps can be removed by snaring them with a wire loop passed through the instrument and using cautery current to cut them off. Smaller polyps can be removed with a biopsy forceps using a coagulating electrical current. Very small polyps can be removed without cautery by snare or forceps. The risks of removing polyps includes bleeding, pain from cautery burn on the out side of the colon and rarely perforation. The risks of leaving a polyp include growth of the lesion and developing cancer.

Can polyps recur?

Once a polyp is completely removed, recurrence at the same site is unusual, but does occur when the polyp is large or has a microscopic villous feature. The same factors that cause the polyps to form in the colon in the first place are still present. New polyps will develop in at least 30% of people who have previously had polyps. Periodic surveillance colonoscopy is indicated.