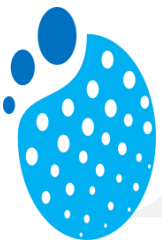
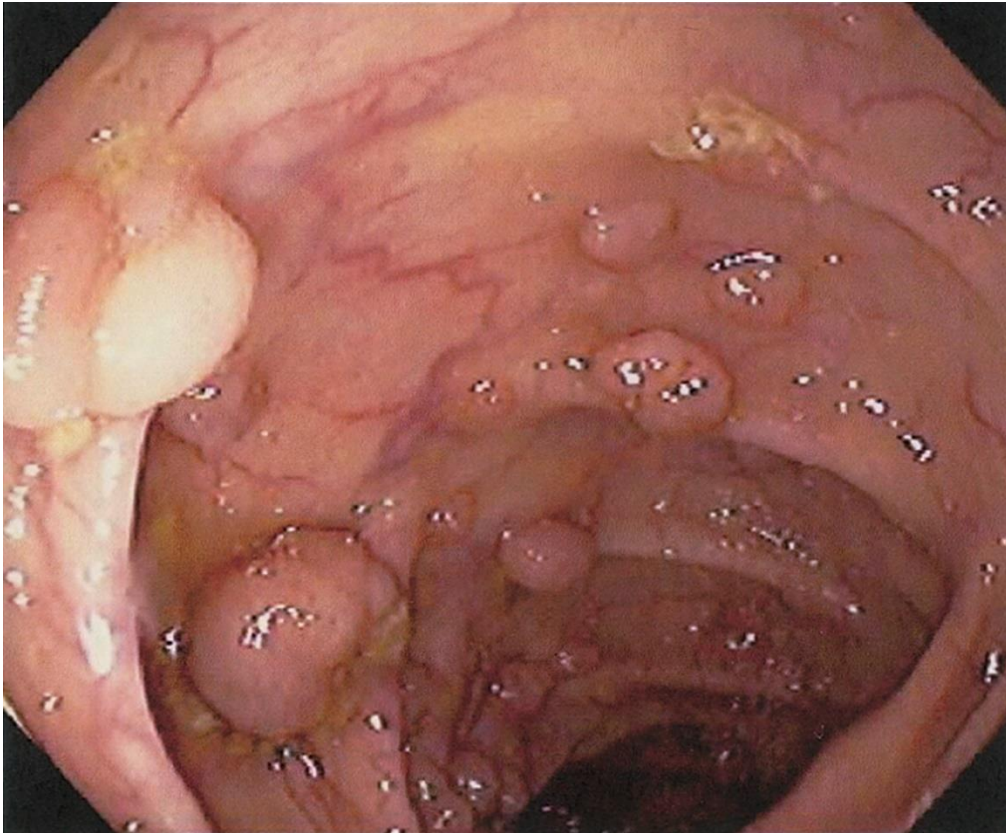


Colonic Polyps



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Incidence

- More common among males than females.
- Strongly associated with increased age. (More than 40 years.



Classification

1. Inflammatory Polyps
2. Metaplastic or hyperplastic Polyps.
3. Hamartomatous Polyps. (Peutz – jeghers , Juvenile polyps).



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Contd.

4. Neoplastic Polyps

- Adenoma
1. Tubular
 2. Tubovillus
 3. villus

Adenocarcinoma

Carcinoid tumor.



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Clinical features

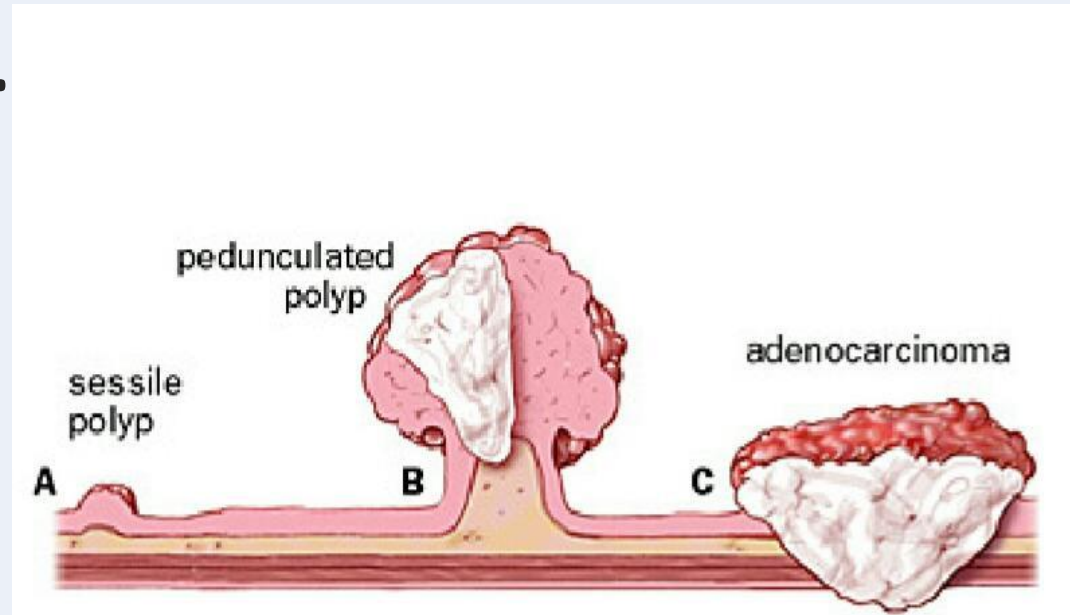
1. Asymptomatic (most cases)
2. Bleeding
3. Mucous discharge
4. Prolapse.



appearance

1. Pedunculated.

2. Sessile.



Peutz- Jegher's polyp

- Common in small intestine (Jejunum). Can also occur in large intestine.
- Multiple polyps appear.
- Associated with melanosis of oral mucosa, lips and occasionally digits.
- Rarely turn into malignancy.

Juvenile polyp

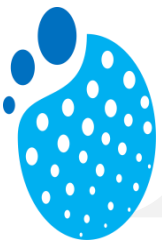
- Cherry tumor. Found in infants and children.
- Can cause bleeding.
- Pain if prolapsed during defecation.
- A solitary juvenile polyp has virtually no tendency to malignant change. (Not a precancerous

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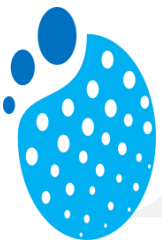
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causing symptoms



Hyperplastic polyps

- Small, Pinkish, sessile polyps.
- 2-4 cm in diameter.
- Frequency multiple.
- Harmless
- Comprises about 90% of all polyps.



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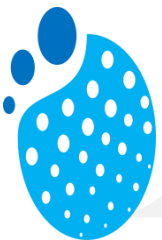
Inflammatory polyps

- Oedematous islands of mucosa.
(Pseudopolyp)
- Usually associated with collitis.



Adenomatous polyps

- Most frequent histologic type.
- Histologically 3 types. (Tubular – 70%, villous, tubulo villous)
- It can be solitary or multiple.
- Presentation can be , **Diarrhoea, Mucous discharge, Hypokalemia, Bleeding.**



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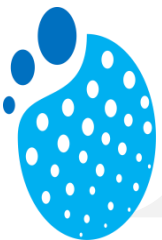
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Contd.

- Risk of malignancy is increased with ,

1. Increased size of adenoma.
2. Sessile nature.
3. Villous architecture.
4. Dysplasia.



Villous adenoma

- May be very large.
(Occasionally fill the entire rectum)
- Increased tendency to become malignancy than tubular adenoma.
- Treatment –Endoscopic submucosal resection.

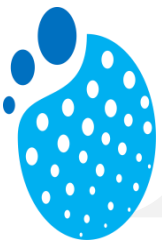
Trans anal endoscopic
micro surgery.

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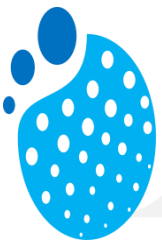
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Open surgery



Hereditary polyps

1. Familial adenomatous polyposis.
(FAP)
2. Hereditary non polyposis
colorectal cancer.



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FAP

- More than 100 polyps.
- Familial – 80%. Sporadic – 20%.
- Autosomal dominant condition.
- Rectal and colonic Polyps. Can also occur in stomach , duodenum and small intestine.
- Occurs around puberty. (15- 20 years)

FAP contd.

- APC gene in chromosome 5 is responsible.
- It is a premalignant condition. (100% chance of malignancy at the age of 40 years)

FAP contd.

- Investigations

1. DCBE
2. Colonoscopy & biopsy.
3. Screening family members from 10 years. Yearly colonoscopy upto 20 years.

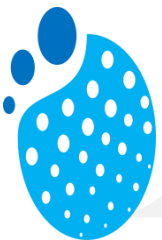
FAP contd.

1. Total colectomy in most cases.
2. Pan proctocolectomy with permanent ileostomy in some instances.



HNPCC

- Also called as Lynch's syndrome.
- Increased risk of colorectal cancer 80%. Also increased of endometrial, ovarian , stomach and small intestinal cancers.
- Autosomal dominant condition.



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HNPPCC contd.

- Mean age of diagnosis is 44 years.
- Most cancers develop in the proximal colon.
- Diagnosed by , 1. Genetic testing.
2. Amsterdam
criteria.

