

What are colon polyps?

Colon polyps are tiny growths that form on the lining of the large intestine (also known as the colon) (**figure 1**). Polyps are very common. Roughly one-third to one-half of all adults have them by the time they are 50 years old. They do not usually cause symptoms. But some polyps can be precancerous or cancerous, so doctors tend to remove them.

What are the symptoms of colon polyps?

There are usually no symptoms associated with colon polyps.

How do doctors find colon polyps?

Doctors usually find colon polyps when performing screening tests for colon or rectal cancer. Cancer screening tests are tests performed to try to detect cancer early, before a person has symptoms. Screening tests for colon and rectal cancer include:

- **Colonoscopy** – Before having a colonoscopy, you will be administered a mild anesthetic to help you relax. Then a doctor will put a thin tube into your anus and advance it into your colon (**figure 2**). The tube has an attached camera that enables the doctor to view the lining of your colon. The tube is fitted with tools the doctor uses to remove pieces of tissue, including polyps. The polyps that are removed are sent to a lab to be tested for cancer and other abnormalities.
- **Sigmoidoscopy** – A sigmoidoscopy is very similar to a colonoscopy. The only difference is that this procedure enables the doctor to view the first part of the colon, and a colonoscopy looks at the whole colon.
- **CT colonography** (also known as virtual colonoscopy) – For a virtual colonoscopy, you have a special kind of X-ray taken, called a “CT scan.” This test creates pictures of the colon.
- **Stool test** – “Stool” is another word for “bowel movements.” Stool tests check for blood or abnormal genes in samples of stool. If a stool test indicates that something might be wrong with the colon, doctors usually follow up with a colonoscopy to rule out polyps. Then doctors find polyps, if they are there.
- **Capsule colonoscopy** – Although rare, your doctor may do a procedure called a “capsule” colonoscopy. For this procedure, you swallow a special capsule that contains tiny wireless video cameras. The camera takes pictures of the esophagus, stomach and small intestine. The capsule is expelled in the stool.

How are colon polyps treated?

Doctors remove polyps using the same tools they use for a colonoscopy. They can remove polyps either by snipping them off with a special cutting tool, or by catching the polyps in a noose (**figure 3**). Most polyps can be removed during a colonoscopy. But sometimes, large polyps need to be removed at a later time by surgical means.

What happens after I have polyps removed?

You may need to have a colonoscopy every few years to check for recurrence of polyps. In some people polyps come back. And if you had the kind of polyps that could become cancer, your doctor will want to remove them as they appear. Also, if the polyps you had removed were the kind that could become cancer, people in your family might need to be checked for polyps and colon cancer, too. Depending on your situation, your doctor might suggest genetic testing. This can show if your polyps are related to an abnormal gene that runs in families.

Can colon polyps be prevented?

To reduce your chances of getting polyps or colon cancer:

- Eat a diet that is low in fat and high in fruits, vegetables, and fiber
- Lose weight, if you are overweight
- Do not smoke
- Limit the amount of alcohol you drink

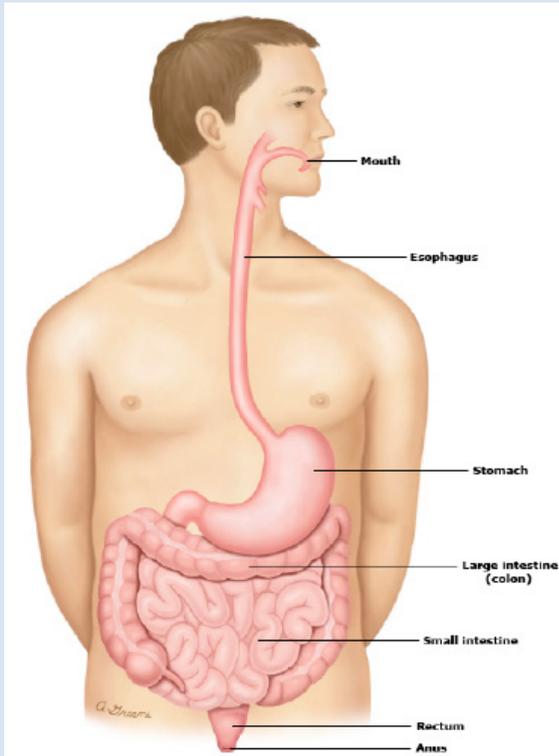
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Digestive system (figure 1)

This drawing shows the organs in the body that process food. Together these organs are called “the digestive system,” or “digestive tract.” As food travels through this system, the body absorbs nutrients and water.

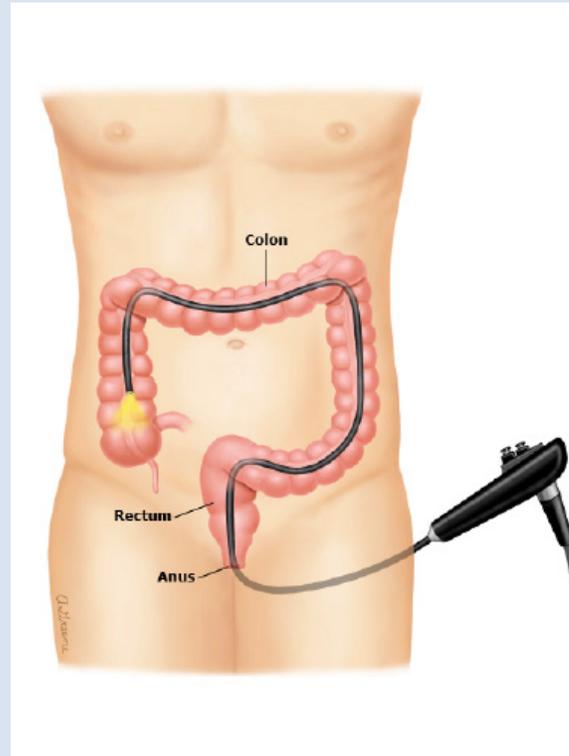
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Colonoscopy (figure 2)

During a colonoscopy, you lie on your side and the doctor puts a thin tube with a camera into your anus (from behind). Then the doctor advances the tube into the rectum and colon. The camera sends pictures from inside your colon to a television screen.

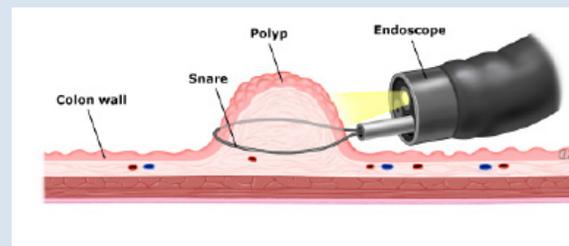
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Removing a colon polyp

One way doctors remove colon polyps is to use a noose as a tool. They loop a wire around the polyp and squeeze the loop tight. When the polyp comes off, the doctor suctions it into the endoscope, to be sent to the lab for tests.

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What is a hyperplastic colon polyp?

A hyperplastic colon polyp is the most common colon polyp. About 90 percent of colon polyps are hyperplastic; most of the remaining 10 percent are adenomas (adenomatous polyps). Most colon cancers arise from adenomatous polyps, not hyperplastic polyps. Serrated adenomas have characteristics of both adenomatous and hyperplastic polyps.

While hyperplastic colon polyps are benign, recent research has linked some hyperplastic colon polyps and serrated adenomas, especially large polyps found on the colon's right side, to colon cancer. Most hyperplastic polyps are small and are found on the left side of the colon and are not associated with an increased risk of colon cancer. If a cancerous polyp is detected early, the five-year survival rate is 70 to 80 percent

Who is most likely to have hyperplastic colon polyps?

Persons between age 50 and 70 are most likely to have hyperplastic colon polyps. They can affect individuals of any age, however. Some individuals have a genetic tendency to develop colon polyps of various types. Conditions such as hyperplastic polyposis syndrome, familial adenomatous polyposis (FAP), or Gardner's syndrome can cause multiple polyps to form. Polyps also are associated with a diet high in fat and beef and low in fiber. Other risk factors are smoking, a lack of exercise resulting in weight gain, and having an ongoing inflammatory bowel disease such as ulcerative colitis or Crohn's disease.

What characterizes hyperplastic colon polyps?

Hyperplastic colon polyps usually are located in the rectum or lower section of the colon. Small hyperplastic polyps are usually detected during screening **colonoscopy** and are biopsied to make sure that they are not adenomatous polyps. Polyps grow slowly and some may continue to grow if not detected and removed.

How do the primary care physician and the pathologist make a diagnosis?

Because hyperplastic polyps do not present symptoms, most are found during a colonoscopy to detect polyps or for other conditions. Once a polyp is found, a physician can remove it, usually as part of a colonoscopy or flexible sigmoidoscopy procedure. A pathologist examines the removed tissue, or biopsy specimen, more closely in the laboratory to determine the type of polyp and whether or not the growth is cancerous.

What else does the pathologist look for?

Rarely, a large hyperplastic polyp or serrated adenoma will contain cancerous cells. If the polyp contains cancerous cells, the pathologist makes a diagnosis—most likely colon cancer—and notes how close the cancer is to the edge of the removed tissue, and whether or not the tumor invaded blood or lymphatic vessels. These factors help physicians determine the likelihood of the cancer remaining in or returning to the affected area. In some situations, physicians may order imaging tests including a chest x-ray or CT scan to see if the tumor has spread to the lungs, lymph nodes, liver, or ovaries.

For more information, go to www.cancer.org (American Cancer Society) or <http://emedicine.medscape.com> eMedicine, a division of Web MD). Type the keywords **hyperplastic colon polyp into the search box.**

Definitions

Colon:
The section of the large intestine leading to the rectum.

Hyperplastic:
The proliferation of cells beyond the normal range.

Polyp:
A benign tumor found in the colon. Polyps can become cancerous if undetected or ignored.

Benign:
Not cancerous.

Pathologist:
A physician who examines tissues and fluids to diagnose disease in order to assist in making treatment decisions.



Hyperplastic colon polyp.



Normal colon cells.