

COLON POLYPS

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Although most colorectal polyps do not have any clinical significance, if a patient has polyps removed during an endoscopic procedure, a trajectory is often set for more frequent surveillance. The detection of polyps has implications for resource utilization, patient anxiety about the potential for colorectal cancer (CRC), and a potential impact on the screening of family members. Although many hyperplastic polyps have a characteristic appearance endoscopically, most endoscopists do not take chances and they take a “leave no polyp behind” approach. Ultimately, most colon cancers arise from adenomatous polyps. On the other hand, nonadenomatous polyps do not carry the same risk and do not warrant the same frequency of surveillance. Therefore, it is important to understand the significance of the different polyps removed during colonoscopy for surveillance intervals and risk assessments for CRC.

Adenomatous Polyps

Essentially, these are the polyps that clinicians really care about, and most of them are sporadic. Adenocarcinoma of the colon is thought to generally progress via the adenoma-carcinoma sequence. Although colonoscopy is a critical method for CRC screening, it also serves a preventive role by allowing for the removal of adenomatous polyps. This removal has been shown to decrease the potential for colon cancer, and it is one of the few preventive mechanisms providers have. With suboptimal bowel preparations, diminutive lesions or flat lesions can be missed.