

# Colon Polyps

## Colon Adenomatous Polyps

### Definitions

#### Colon:

The section of the large intestine leading to the rectum.

#### Adenoma:

A benign tumor originating in a glandular (tubular) structure.

#### Polyp:

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

#### Benign:

Not cancerous.

#### Malignant:

Cancerous and capable of spreading.

#### Pathologist:

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

### What is a Colon Adenomatous Polyp?

Polyps begin in the cells of glandular structures lining the colon. Most polyps are benign, but one kind is the cause of greater concern – the Colon Adenomatous Polyp (adenoma). This growth is associated with DNA changes in the lining of the colon. Up to 10 percent of these polyps can become cancerous within a 10-year period if undetected or ignored. For individuals with multiple polyps, the chance of at least one of these polyps becoming cancerous is very high. However, if malignant polyps are detected early, 90 percent of patients survive at least five years.

### Who is most likely to have Colon Adenomatous Polyps?

Some individuals have a genetic tendency to develop polyps. Conditions such as *familial adenomatous polyposis* or *Gardner's syndrome* can cause hundreds of polyps to form in the colon or rectum. Individuals age 50 or older have a higher risk of developing Colon Adenomatous Polyps. In addition to genetic factors, these polyps are associated with a diet high in fat and beef and low in fiber. Another risk factor is a lack of exercise resulting in weight gain.

### What characterizes Colon Adenomatous Polyps?

Colon Adenomatous Polyps grow slowly but will continue to grow if not detected and removed. The larger the polyp grows, the greater the chance it will contain cancerous cells. There are two types of polyps – flat ones that lie against the intestinal wall and mushroom-shaped ones. The flat polyps are more likely to become cancerous.

As the polyp grows, symptoms become more likely and can include rectal bleeding, fatigue, changes in bowel habits, abdominal discomfort, anemia or bowel obstruction.

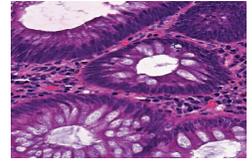
### How does the pathologist make a diagnosis?

Because most Colon Adenomatous Polyps do not present symptoms, most are found during regular physician examinations. Sometimes, polyps can be felt through a *digital rectal exam (DRE)*, in which a primary care physician inserts a lubricated, gloved finger into the patient's rectum. Other tests that can detect polyps include a *blood test, colonoscopy, flexible sigmoidoscopy, or double-contrast barium enema*. Once a polyp is found, it is removed through colonoscopy or flexible sigmoidoscopy. If the polyp is advanced, a biopsy may be performed as part of surgery. A pathologist closely examines the polyp cells — known as a *biopsy sample* — under a microscope in the laboratory to determine whether the polyp is cancerous.

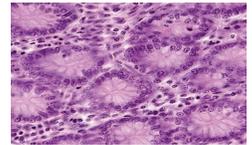
### What else does the pathologist look for?

The pathologist notes the size of the polyp and whether or not it contains cancerous cells. If it is cancerous, the pathologist makes a diagnosis – most likely Colon Adenocarcinoma – and note show close the cancer is to the edge of the removed tissue, and whether the tumor invaded blood or lymphatic vessels. These factors help determine the likelihood of the cancer remaining in or returning to the affected area. In some situations, your primary care physician or specialist 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.webmd.com](http://www.webmd.com) or [www.mayoclinic.com](http://www.mayoclinic.com).  
Type *colon polyps* into the search box.



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A normal colon.