

Types of Polyps

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Non-Neoplastic Polyps

1- Hyperplastic Polyp	<ul style="list-style-type: none"> - Asymptomatic (performing endoscopy for other reasons). - Common in adults. - > 50% in the rectosigmoid (left colon). - Sawtooth surface and Star shaped crypts. - Well-formed glands and crypts lined by differentiated goblet and absorptive cells.
2- Hamartomatous polyp : A- Juvenile Polyps (retention polyp) B- Peutz-Jehgers syndrome	
A- Juvenile Polyps (retention polyp)	<ul style="list-style-type: none"> - Developmental malformations - Usually single polyp. - Glands = become <u>dilated & cystic</u>, and containing <u>mucus</u>. - Lamina propria = become <u>edematous and inflamed</u>. - Children under 5 years old in the rectum. It may protrude out causing bleeding. - In adult = retention polyp & in children = Juvenile.
B- Peutz-Jehgers syndrome	<ul style="list-style-type: none"> - Rare, autosomal dominant - Multiple polyps, found in GIT but mostly in small intestine. - Hamartomatous polyps + mucosal and cutaneous pigmentation around the lips, oral mucosa, face and genitalia. - Polyps are large and pedunculated. - Increased risk of developing carcinoma of the pancreas, breast, lung, ovary and uterus.
3- Inflammatory Polyps	<ul style="list-style-type: none"> - Longstanding IBD, especially in chronic ulcerative colitis. - An exuberant reparative response (healing response) → pseudopolyps.
4- Lymphoid polyps	<ul style="list-style-type: none"> - Lymphoid collection. - In biopsy: it has lymphoid follicles with germinal center in biopsy. - May be associated with bleeding or prolapsed. - Usually solitary, sessile and in rectum.

Neoplastic polyps

Adenomatous Polyp (adenoma)	<ul style="list-style-type: none"> - Benign tumor of the glands and Occur mainly in large bowel. - Epithelium proliferation and dysplasia. - Sporadic (1-2 polyps) and familial (Multiple polyps) (from small pedunculated to large sessile).
1- Tubular adenoma	<ul style="list-style-type: none"> - Most common (75%) - distal colon and rectum. - Small, Pedunculated with smooth surface, only few villi.
2- Villous Adenoma	<ul style="list-style-type: none"> - The least common, largest and most ominous of epithelial polyps. - Located in rectosigmoid area. - Age: 60 to 65 years. - Sessile with multiple villi. - Present with rectal bleeding or anaemia, (mucoid material rich in protein) → Hypoproteinemia (Hypoalbuminemia), Hypokalemia and osmotic diarrhea.
3- Tubulovillous adenoma	<ul style="list-style-type: none"> - Intermediate in size, degree of dysplasia and malignant potential between them.

Familial Polyposis Syndrome

1- Familial polyposis coli (FPC)	<ul style="list-style-type: none">- Genetic defect of (APC) in (5q21) "tumor suppressor gene"- Innumerable neoplastic polyps in the colon (500 to 2500).- The risk of colorectal cancer is 100% by midlife. - Tx and prevention by: Colectomy.
2- Gardener's syndrome	- Polyposis coli , multiple osteomas (bone mass), epidermal cysts (skin lesions), and fibromatosis (soft tissue tumours).
3- Turcot syndrome	Polyposis coli , glioma and fibromatosis .



GOOD LUCK