Polyposis coli

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The term polyp refers to any circumscribed mass of tissue that arises from the mucosa and protrudes into thelumen of the intestine. It is a clinical term with nohistological significance.Polyps are classified as : neoplastic (tubular adenoma,villous adenoma, and tubulovillous adenoma) hamartomas(Juvenile polyps and peutz-jeghers polyps) inflammatory(benign lymphoid polyps and pseudopolyps and unclassified(the hyper plastic polyps) .Bilharzial polyposis is the most common polypoid lesionin our country and its commonest sites are: rectum, rectosigmoid,sigmoid colon,descending and ascending colon, in order.There is no significant association of colorectal carcinomaand bilharzial polyps.There is a growing evidence supporting the importance ofcolonic polyps as a precusor to the development of colorectalcancer. The precancerous colonic polyps are tubular -adenoma,tubulovillous adenoma, villous adenoma, Gardner’s syndromeand peutz jeghers syndrome.Clinically, polyposis coli are manifested by abdominalpain and discomfort, rectal bleeding or blood stained stools,diarrhoea, and mucus discharge and sometimes colonicobstruction. Occasionally, a large polyp with long pediclemay protrude through the anus. General examination usuallyreveals anaemia, weigth loss and general debility.Many methods are suggested to achieve an early detectionof polyposis coli. These methods are early reference ofpatient with suspicious symptoms to hospital, haemocult test,carcinoembryonic antigen (CBA) assay, carcino antigen 1.9-9(CA 1.9-9)assay, colonoscopy with mucosal biopsies andsurveillance of family members at risk.The diagnosis of polyposis coli can be made by rectalexamination,barium x-ray and endoscopy.By rectal examination,a low-lying polyp may be felt easily. Radiologically, bydouble contrast examination a sessile or pedunculated smoothsurface sharply defined rounded filling defects can be seen.The most reliable way to diagnose polyposis is endoscopyeither by proctosigmoidoscope or fiberoptic endoscope and thewhole intestine should be examined. Biopsy may be taken toconfirm the diagnosis.The most important complication of colonic polyposis ismalignant transformation. The malignant potential is 1.00percent for villous adenoma, and 20 percent for tubulovilloustype. The other complications of colonic polyposis arebleeding and anaemia, severe fluid and electrolyte imbalance,colonic obstruction, rectal prolapse and recurrence.Treatment of polyposis is usually complete removal ofpolyps. Pedunculated or small sessile polyps within the reachof proctosigmoidoscope should be removed with electrocautrysnare or destroyed by fulguration. If lesions are high theycan be removed with the electrocautery snare passed throughthe fiberoptic colonoscope. When colonoscopy is unsuccessful,lesions are large and sessile or the

number is huge, laparotomyis indicated. Colotomy and polypectomy segment resectionor even total colectomy is done according to the case. Themost recent surgical treatment of multiple polyposis coli isthat comprising a total colectomy,proximal two-thirds fullthickness proctectomy, distal one-third mucosal proctectomyand ileoanal pull through anastomosis with or without anileal reservoir.Medical treatment of bilharzial polyposis by antibilharzialdrugs were reported and that of familial polyposis withascorbic acid and other drugs are tried.It is recommended to clear the intestine of all polypsat the time of initial treatment, then follow up the patientto detect any recurrence or malignancy as early as possible.As bilharzial polyps never turn malignant, there is· no needfor follow up in such cases. Because almost all recurrencesand malignant lesions occur within the first five years, afollow up period of five years is recommended.proctosigmoidoscopyand double contrast barium enema should be performed-182-once a year. Colonoscopy should be performed every six monthsand any polyp present is removed and examined histologically.If this histological examination reveals invasion with malignancy,radical cancer surgery is done. In cases of familialpolyposis coli, the other members in the family should besearched out.It would be interesting to sigmoidoscope them regularlyfrom an early age to detect the begining of the disease andstart the treatment as early as possible.