

Summary

Gastrointestinal polyps: A gastrointestinal polyp is defined as a mass that protrudes into the lumen of the gut. Polyps are subdivided according to their attachment to the bowel wall (e.g, sessile or pedunculated, with a discrete stalk), their histopathologic appearance (e.g., hyperplastic or adenomatous) and their neoplastic potential (i.e., benign or malignant). The non neoplastic ones include :hyperplastic, juvenile, inflammatory, hamartomatous which include; Peutz-Jegher syndrome, juvenile polyposis syndrome, Cowden syndrome and Ruvallcaba-Myhre-Smith syndrome. The non inherited polyposis syndromes include: Cronchite Canada syndrome and a variety of miscellaneous non familial syndrome, and other polyps. The neoplastic polyps are adenomas which are the most common epithelial neoplasm in the colon. They are subdivided into tubular, tubulovillous and villous and carcinomas.

By themselves, benign polyps are only infrequently symptomatic, and their clinical importance lies in their potential for malignant transformation.

Most patients with colonic polyps will present in a non-urgent manner, but some present emergently (presenting by complications as intestinal obstruction, intussusception, or bleeding per rectum) And it sometimes present with diarrhea.

Diagnosis of colonic polyps could be done by one of these tests which could be done as fecal occult blood test (FOBT), Flexible sigmoidoscopy, FOBT + Flexible sigmoidoscopy, Double- contrast barium enema (DCBE) and colonoscopy.

Endoscopic polypectomy is the preferred approach for most colorectal polyps; the majority of these lesions are benign and are cured if completely removed with Haggit level 1, 2 and 3 whereas level 4 lesions should be treated as sessile t1 tumors. A sessile lesion which can be snared adequately in one piece, removed in piecemeal technique and demonstrates lymphovascular invasion, deep invasion or has a microscopically clear margin of less than 2mm, the patient should undergo an oncologic colonic resection.

Treatment of familial polyposis involves either abdominal colectomy with mucosal proctectomy and ileoanal pull-through or subtotal colectomy with ileorectal anastomosis.

Objective of surgery for colonic cancer is to perform a curative resection by removing the cancerous segment of colon, the mesentery with the primary feeding vessel and the lymphatics, and any organ with direct tumor involvement.

There is medical treatment as Specific NSAID, Sulindac, has been demonstrated to decrease number of polyp within the rectal remnant. Also; Sulindac can be used for duodenal adenomas and desmoid tumors.