

Introduction

Colonic polyps are protruding, space-occupying lesions that occur in the lumen of the colon, it is usually restricted to a mucosal overgrowth that can be either benign or malignant. They can occur anywhere in the colon but most commonly in rectosigmoid region. **(Cunningham, et al.,2006).**

There are several types of colonic polyps: adenomatous, hyperplastic, hamartomatous and inflammatory. **(Winawer et al.,2003)**

Hyperplastic polyps are typically located in the rectosigmoid and are less than 5 mm in size. **(Weston and Campbell,1995).**

Adenomatous polyps account for approximately 10% of all colonic polyps. More than 90% of these are smaller than 1.5 cm in diameter and have a small potential for malignancy. Larger adenomatous polyps have a greater potential for malignant change (10%). Adenomas are traditionally divided into 3 types: tubular, tubulovillous and villous. adenomas are associated with the highest morbidity and mortality rates. **(Inoue et al.,2008).**

The hamartomatous polyposis include: juvenile polyposis syndrome, Peutz-Jeghers syndrome, Cowden syndrome and Ruvallcaba–Myhre-Smith syndrome. Depending on the syndrome, the hamartomatous polyposes have intestinal and extraintestinal neoplastic potential. **(Wirtzfeld, et al.,2001).**

Inflammatory polyps: are polyps which are associated with inflammatory conditions such as: crohns disease and ulcerative colitis. **(Santero et al.,2005).**

Colonic polyps are diagnosed by endoscopy or barium radiography. Because most polyps are asymptomatic, they are usually found incidentally. **(Bond,1993)**

The great majority of polyps can be removed during colonoscopy or sigmoidoscopy by snaring them with a wire loop that simultaneously cuts the stalk of the polyp and cauterizes it to prevent bleeding. Some small polyps may be cauterized or burned with an electrical current. Risks of polyp removal (polypectomy) include bleeding and perforation of the colon.**(Ahn et al.,2009).**

surgical resection may be used, particularly for large sessile polyps and those in awkward locations. However, in many cases, proper technique applied by an experienced endoscopist can provide safe and adequate endoscopic treatment, avoiding the need for surgery.**(Boix et al.,2007).**

A follow-up examination within three months is mandatory to confirm the presence or absence of residual or recurrent disease. Any patient with lesions not meeting these criteria should undergo elective resection of the involved segment of the colon or rectum. **(Debinski et al., 1996).**

Aim of the Essay

The aim of this essay is to focus on how to diagnose colonic polyps and recent trends in its management.

Review of Literature
