ISSUE 15

The Bottom Line

Vaughan Endoscopy Clinic (VEC) is a **state of the art** out-of-hospital endoscopy clinic providing **Screening colonoscopy and endoscopy** for the work up of mild gastrointestinal disorders. It is staffed by **gastroenterologists.**

In addition to the endoscopic services, they will provide all the necessary **GI follow-up** and make all the appropriate referrals required due to findings at the endoscopy.

The Medical Director has been an active participant at the CPSO in the development of **standards for out-of-hospital clinics**, all of which VECs adheres to.

Gastroenterologists:
Dr. William Appell
Dr. David Ford
Dr. Michael Gould
Dr. Susan Greenbloom
Dr. David Kreaden
Dr. Eric Leong
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Dr. Stephen Sinclair

In addition to high quality and convenient access to endoscopy, the doctors at VEC will provide you with supplemental practical GI advice through this periodic newsletter. This article is written by Dr. William Appell (a gastroenterologist from Toronto East General Hospital).

WHAT ARE COLONIC POLYPS?

One of the main reasons for undergoing colonoscopy is to screen the colon for polyps and remove them if found. A polyp is a protuberance into the lumen from normally flat colonic mucosa. They may cause symptoms like bleeding but are generally asymptomatic.

There are several different types of polyps that we encounter: neoplastic (adenomas and carcinomas), non-neoplastic, submucosal and hamartomatous.

ADENOMATOUS POLYPS

Two thirds of all polyps are adenomas and all are felt to have malignant potential. Most cancers arise from adenomas but only about 5% will progress to cancer. Progression from adenoma to cancer may take about 7-10 years.

The incidence of polyps at Vaughan Endoscopy Clinic is about 39% and most are adenomas.

We describe the appearance as sessile (base attached to colon wall), pedunculated (on a stalk), flat (height is less than half the diameter) and depressed (often associated with development of carcinoma).

See images on next page

We further characterize them by pathological appearance: tubular (80%), villous (5-15%) and tubulovillous (5-15%).

Risk factors for cancer include: villous histopathology, size >1 cm, multiple polyps and high grade dysplasia.

VAUGHAN ENDOSCOPY CLINIC

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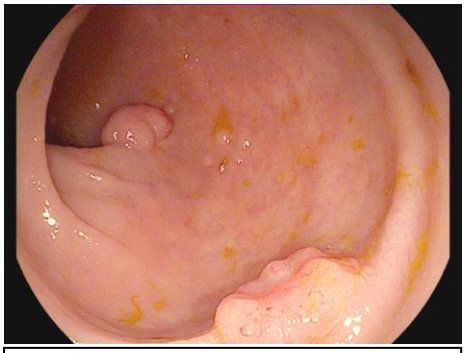
Sessile Polyp

Pedunculated Polyp



Polyp with central depression

HYPERPLASTIC POLYPS

These are the most common non-neoplastic polyp and are composed of normal cellular components with characteristic serrated (saw-toothed) pattern. They are generally in the rectosigmoid, <5 mm and rarely associated with colorectal cancer (CRC). There is a rare Hyperplastic Polyposis Syndrome with large, multiple and proximal hyperplastic and serrated adenomatous polyps. This does have a increased risk of CRC through a different pathway mechanism than adenomatous polyps.

SESSILE SERRATED ADENOMAS

These have histologic characteristics that separate it from hyperplastic and adenomatous polyps but occasionally there is a mixed picture. Serrated polyps have evidence of dysplasia and particularly when large, multiple and right-sided have an increased incidence of CRC. They are treated and followed like adenomatous polyps.

INFLAMMATORY PSEUDOPOLYPS

These are islands of residual intact colonic mucosa after mucosal ulceration and regeneration, usually in IBD. They are often finger-like and in clusters. They are generally not removed but can make surveillance in patients with IBD difficult.

SUBMUCOSAL POLYPS

These include lesions below the mucosa that push it into the lumen. They can include lipomas (most common), leiomyomas, carcinoids and metastases. Lipomas are recognized by the yellowish appearance and the soft consistency (pillow sign).

HAMARTOMATOUS POLYPS

These are polyps made of tissue normally found at that site but growing in a disorganized mass. These include Juvenile polyps, which are benign (but there is an increased risk of CRC in the rare Familial Juvenile Polyposis) and Peutz-Jehgers polyps which can be associated with several types of cancers including colonic.

The bottom line is:

Doctors at the VEC are experts at finding, identifying and removing polyps when necessary. A well cleaned out colon and a thorough examination are very important. Subsequent follow-up surveillance will depend on the polyp (type, size and number) and family history.