

TITLE: PREVALENCE OF LARGE COLORECTAL POLYPS IN A SCREENED POPULATION

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BACKGROUND & AIMS: observational data suggest that malignant potential of colorectal polyps increases with increasing size.

The aim of this study is to establish the prevalence of polypoid lesions defined endoscopically as large polyps in a selected population at average risk to develop colorectal cancer.

MATERIALS AND METHODS: 2077 colonoscopic examinations, according to Colorectal Cancer Screening Programme, were performed in 1660 asymptomatic people (M: 974; F: 686) aged 50-69 years having positive fecal occult blood test (FOBT).

Large lesions are considered to be greater than 2 cm (range: 20-60 mm).

The polyps morphology was recorded as protruding (sessile or peduncolated) or flat lesions (with a height less than half the diameter of lesion).

The following data were collected: histology, high grade dysplasia (HGD), submucosal invasive carcinoma (SIC) or beyond and location of flat lesions.

RESULTS: A total of 2950 polyps were detected.

296 (10%) polyps were \geq 2 cm: 89 (30.1%) were sessile, 153 (51.7%) were peduncolated, whereas 54 (18.2%) were flat.

Histologically the 242 protruding large polyps (sessile and peduncolated) were: 60 (24.8%) tubular adenomas, 152 (62.8%) tubulo-villous adenomas, 13 (5.4%) had SIC and 11 (4.5%) invasive cancer beyond submucosa.

HGD was present in 68 (28.1%): in particular 9 (3.7%) tubular adenomas; 59 (24.4%) tubulo-villous adenomas;

The remaining were: 2 (0.8%) hyperplastic, 3 (1.2%) flogistic, and 1 (0.4%) lipoma.

Flat lesions were: 15 (27.8%) tubular adenomas, 21 (38.9%) tubulo-villous adenomas, 1 (1.8%) had SIC and 16 (29.6%) invasive cancer beyond submucosa, 1 (1.8%) was hyperplastic.

HGD was present in 12 (22.2%): in particular 3 (5.6%) tubular adenomas; 9 (16.6%) tubulo-villous adenomas.

Location of flat large lesions was proximal to splenic flexure in 28 (51.9%) and distal in 26 (48.1%) of whom 16 (29.6%) in sigmoid colon and 10 (18.5%) in rectum.

CONCLUSIONS: Large polyps are frequent in subjects with positive FOBT undergoing screening colonoscopy and frequently contain HGD, SIC or invasive cancer at the time of endoscopic detection.

The flat subgroup has probably a higher risk of malignancy and this suggests that flat lesions are more aggressive than protruding one and their most frequent location is the right colon.