Colon Condition

Hyperplastic Colon Polyps

What is a hyperplastic colon polyp?
A hyperplastic colon polyp is the most common colon polyp. About 90 percent of colon polyps are hyperplastic; most of the remaining 10 percent are adenomas (adenomatous polyps). Most colon cancers arise from adenomatous polyps, not hyperplastic polyps. Serrated adenomas have characteristics of both adenomatous and hyperplastic polyps.

While hyperplastic colon polyps are benign, recent research has linked some hyperplastic colon polyps and serrated adenomas, especially large polyps found on the colon's right side, to colon cancer. Most hyperplastic polyps are small and are found on the left side of the colon and are not associated with an increased risk of colon cancer. If a cancerous polyp is detected early, the five-year survival rate is 70 to 80 percent.

Who is most likely to have hyperplastic colon polyps?
Persons between age 50 and 70 are most likely to have hyperplastic colon polyps. They can affect individuals of any age, however. Some individuals have a genetic tendency to develop colon polyps of various types. Conditions such as hyperplastic polyposis syndrome, familial adenomatous polyposis (FAP), or Gardner's syndrome can cause multiple polyps to form. Polyps also are associated with a diet high in fat and beef and low in fiber. Other risk factors are smoking, a lack of exercise resulting in weight gain, and having an ongoing inflammatory bowel disease such as ulcerative colitis or Crohn's disease.

What characterizes hyperplastic colon polyps?
Hyperplastic colon polyps usually are located in the rectum or lower section of the colon. Small hyperplastic polyps are usually detected during screening colonoscopy and are biopsied to make sure that they are not adenomatous polyps. Polyps grow slowly and some may continue to grow if not detected and removed.

How do the primary care physician and the pathologist make a diagnosis?
Because hyperplastic polyps do not present symptoms, most are found during a colonoscopy to detect polyps or for other conditions. Once a polyp is found, a physician can remove it, usually as part of a colonoscopy or flexible sigmoidoscopy procedure. A pathologist examines the removed tissue, or biopsy specimen, more closely in the laboratory to determine the type of polyp and whether or not the growth is cancerous.

What else does the pathologist look for?
Rarely, a large hyperplastic polyp or serrated adenoma will contain cancerous cells. If the polyp contains cancerous cells, the pathologist makes a diagnosis—most likely colon cancer—and notes how close the cancer is to the edge of the removed tissue, and whether or not the tumor invaded blood or lymphatic vessels. These factors help physicians determine the likelihood of the cancer remaining in or returning to the affected area. In some situations, physicians may order imaging tests including a chest x-ray or CT scan to see if the tumor has spread to the lungs, lymph nodes, liver, or ovaries.

For more information, go to www.cancer.org (American Cancer Society) or http://emedicine.medscape.com (eMedicine, a division of Web MD). Type the keywords hyperplastic colon polyp into the search box.