Turk J Gastroenterol *2014; 25: 597-8*

Adenomatous polyp as a risk factor for colorectal carcinoma

To the Editor,

We have read the article by Solakoglu et al. (1) with great interest. In their work, they reported the histological characteristics of colorectal polyps in a large population, determined by colonoscopy. We would like to share our thoughts with the readers of the journal.

Colorectal cancer (CRC) is the second most common type of cancer in women and the third most common cancer in men. Currently, it is the third leading cause of cancer death worldwide in women and the fourth leading cause in men. Many studies have demonstrated that the mortality because of CRC can be averted by utilizing preventive strategies to detect and resect precancerous lesions, such as surveillance colonoscopy (2).

Adenomas are the most common type of precancerous lesions of the colon. Their prevalence increases dramatically with age. Microscopically, adenomas are classified as tubular, villous, or tubulovillous on the basis of their architectural growth pattern. The precancerous nature of adenomas is well established. In fact, more than 70% of CRCs arise from adenomas. The size of an adenoma varies widely, and it is correlated with the histological type. The malignant potential of adenomas is related to the size, type, and degree of dysplasia of the lesion (3).

Adenomas, by definition, harbor at least low-grade dysplastic columnar epithelium. In other words, all adenomatous polyps have dysplasia (4). However, Solakoglu et al. reported that in their study population, only 1.2% of the adenomatous polyps were dysplastic. In addition, the prevalence rates of low- and high-grade dysplasia were 29% and 71%, respectively. In light of the data mentioned above, it would be appreciated if the authors could present some more data regarding the histopathological examination of the polyps. This could provide the readers with clearer information about this clinically relevant condition.

Conflict of Interest: No conflict of interest was declared by the authors.

Hasan Gürel, Gürkan Çelebi, Sait Bağcı

Department of Gastroenterology, Gülhane Military Medical Academy, Ankara, Turkey

REFERENCES

1. Solakoglu T, Atalay R, Koseoglu H, et al. Analysis of 2222 colorectal polyps in 896 patients: A tertiary referreal hospital study. Turk J Gastroenterol 2014; 25: 175-9. [CrossRef]
2. Naini BV, Odze RD. Advanced precancerous lesions (APL) in the colonic mucosa. Best Pract Res Clin Gastroenterol 2013; 27: 235-56. [CrossRef]
3. Bond JH. Polyp guideline: Diagnosis, treatment, and surveillance for patients with colorectal polyps. Am J Gastroenterol 2000; 95: 3053-63. [CrossRef]
4. O'Brien MJ, Winawer SJ, Zauber AG, et al. The National Polyp Study. Patient and polyp characteristics associated with high-grade dysplasia in colorectal adenomas. Gastroenterology 1990; 98: 371.

Address for Correspondence: Hasan Gürel, Department of Gastroenterology, Gülhane Military Medical Academy, Ankara, Turkey
E-mail: hasangurel55@hotmail.com
Received: 13.9.2014 **Accepted:** 18.9.2014

Author's Reply

To the Editor,

Thank you for Gürel et al.'s kind comment. It is believed that most colorectal cancers (CRCs) develop through a process from normal mucosa to benign adenoma and then to carcinoma. It is recognized that more than 95% of all colorectal cancers develop from adenomas (1). CRC screening guidelines recommend follow-up surveillance examinations to detect additional new adenomas, missed synchronous adenomas and advanced neoplasia after polypectomy. European society of gastrointestinal endoscopy guideline divided patients into two groups as low risk and high risk group for post-polypectomy

colonoscopy surveillance (2). According to this guideline low risk group refers to patients with 1-2 tubular adenomas <10 mm with low grade dysplasia and high risk group refers to patients with patients with adenomas with villous histology or high grade dysplasia or ≥10 mm in size, or ≥3 adenomas (2). According to World Health Organization adenomas are defined by the presence of intraepithelial neoplasia, histologically characterized by hypercellularity with enlarged, hyperchromatic nuclei, varying degress of nuclear stratification, and loss of polarity (3). Adenomas develop as a result of process in extension of epithelial proliferation in dysplastic epithelium from the base of the crypts (3). Our study was designed as a retrospective study and we recorded the data from the histopathologic reports of the patients. Polyps were examined by the different pathologists. Because of the retrospective design of our study, all characteristics of the polyps mentioned on the histologic reports were recorded. I agree with you that baseline adenoma characteristics (number, size, location, and morphology) determine the risk of developing CRC. The data of National Polyp Study (4), a large longitudinal study on surveillance of adenoma patients, showed that there was a reduction by 76-90% in development of colorectal cancer following colonoscopic polypectomy. Gastroenterologists should encourage patients for colonoscopic surveillance after polypectomy.

Tevfik Solakoğlu[1], Hüseyin Köseoğlu[2], Osman Ersoy[2]

[1]Department of Gastroenterology, Çorlu State Hospital, Tekirdağ, Turkey
[2]Department of Gastroenterology, Yıldırım Beyazıt University, Faculty of Medicine, Ankara, Turkey

REFERENCES

1. Bond JH. Polyp guideline: diagnosis, treatment, and surveillance for patients with colorectal polyps. Practice Parameters Committee of the American College of Gastroenterology. Am J Gastroenterol 2000; 95: 3053-63. [CrossRef]
2. Hassan C, Quintero E, Dumonceau JM, et al. European Society of Gastrointestinal Endoscopy. Post-polypectomy colonoscopy surveillance: European Society of Gastrointestinal Endoscopy (ESGE) Guideline. Endoscopy 2013; 45: 842-51. [CrossRef]
3. Hamilton SR, Aaltonen LA. WHO Classification of tumours. Pathology and genetics of tumours of the digestive system. Lyon: IARC Press; 2000.p.104-36.
4. Winawer SJ, Zauber AG, Ho MN, et al. Prevention of colorectal cancer by colonoscopic polypectomy. The National Polyp Study Workgroup. N Engl J Med 1993; 329: 1977-81. [CrossRef]

Address for Correspondence: Tevfik Solakoğlu, Department of Gastroenterology, Çorlu State Hospital, Tekirdağ, Turkey
E-mail: tfksolak@yahoo.com.tr