



Colonic Impressions!

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If you are over 50 years of age, you probably have done the dirty deed. After weeks of staring at that white envelope we gave you, you decided to lock yourself in the washroom, and sheepishly open it, wondering what wisdom will result? After – shocks of repeatedly looking at the instructions settle down and you decide it is in the best interest of mankind that you contribute a stool sample to the government cause. You carefully transfer and smear, gritting your teeth all the way, hopefully wash your hands, lick the envelope and send it off, postage paid. One less thing to get nagged about, right?

Not so. The call comes a few weeks later informing you have failed your stool test. How low can your self-esteem go? Your physician sits down and reviews all the things a false-positive entails and reminds you that a false-negative is even worse, and presto, you now find yourself the proud recipient of a jack-pot ticket in the colonoscopy line. You managed to do the smear test, so how bad can the prep that the hockey guys talk about be? After all it's only quality time on the throne with a chance to catch up on the amassing reading material. The colonoscopy comes and goes, piece of cake, and the gastroenterologist tells you that it's only a small polyp and thank goodness for that. His skillful flare and charming wit took care of the problem and now it's gone, so now what?

Well, as more of these cases accumulate, a growing knowledge base of what to do next is slowing amassing. The first thing to remember is that not all polyps are the same. There are three different sub-types of polyps. Most, or about 90% are called "Hyperplastic Polyps". These are non-cancerous and are simply normal looking tissue in large clumps, but they do have a chance to progress given a large expanse of time. Less than 1% of polyps are hamartomatous inflammatory polyps which look bad, but are non-cancerous. The other 10% are pre-cancerous Adenomas. These are divided in one of; tubular, villous or tubulo-villous. Patients with adenomatous polyps were watched a lot more carefully for progression to cancer. What is rather new on the front-lines is taking a closer look at those supposedly normal looking Hyperplastic polyps. Many of them turned out to be "serrated". This means, they seemed flat but had numerous little branches. It was noticed that this type of polyp tends to occur in genetic bowel cancer type and now there is more attention paid to finding, diagnosing and removing these types. Colonoscopy is an art that involves skillful operators teamed up with attentive pathologists.

At the end of the day, you may be advised to have another colonoscopy sooner than the 5 to 10 year interval currently in use. This interval is the result of research that shows the slow transition time for polyps to transform and takes into account a slow progression of polyps into colon cancer. So, if you are over 50 or have a younger relative with colon cancer it is high time to get the dirty deed done.