

Question 22 – Week of July 14

A 52-year-old male presents for his first screening colonoscopy. He has no gastrointestinal symptoms or family history of colorectal neoplasia. At the time of endoscopy, 2 small polyps were found in the ascending colon (6 and 8 mm), as well as a 2.1-cm polyp in the transverse colon. All the polyps were removed by snare polypectomy, with the larger one done in piecemeal fashion. Histologic review of the two small polyps revealed tubular adenomas with low-grade dysplasia. The larger polyp proved to be a poorly differentiated adenocarcinoma, without invasion of the submucosa or angiolymphatics. After orientation of the larger polyp sections, there did not appear to be involved margins. What would be the most appropriate next step?

- A. Surgical consultation
- B. Colonoscopy in 6 months
- C. Repeat endoscopy now, with further biopsies of the polypectomy site
- D. Colonoscopy in 5 years
- E. Medical oncology referral for chemotherapy

Answer: A

This patient should be referred for surgical consultation with consideration of resection. When deciding whether a malignant polyp has been fully resected endoscopically, four risk factors for a favorable outcome are taken into consideration: 1) well or moderate differentiation; 2) absence of angiolymphatic invasion; 3) clear (or at least 2 mm) margin; and 4) absence of invasion of the submucosa of the bowel. If all of these favorable factors are present, endoscopic polypectomy is the only therapy needed, and the patient would need to be placed in a surveillance program. However, if the malignant polyp has any unfavorable characteristics (poorly differentiated, angiolymphatic invasion, involved margin or invasion), then the patient should be considered for surgical resection if they are a suitable candidate. Given the poorly differentiated histology and the piecemeal nature of the polypectomy (which may make clearing of margins difficult), a surgical consultation would be indicated.

References:

1. Ehrinpreis MN, Kinzie JL, Jaszewski R, Peleman RL. Management of the malignant polyp. *Gastroenterol Clin North Am* 1988;17:837-50.
2. Williams CB, Whiteway JE, Jass JR. Practical aspects of endoscopic management of malignant polyps. *Endoscopy* 1987;19:31-7.