

Polyps with no Names or with Obscure Names

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We only recognize a few types of polyps,
and since we often forget that there are
others that have yet to be named,
we try to fit every polyp into a category
with a name that we know.

What we want to know about a polyp

1. Is there too much artifact for me to see the damned thing?
2. Is it neoplastic?
3. Is it part of a syndrome?
4. Does it indicate a cancer risk?
5. If none of these, does it still have a name?
6. If it doesn't, what shall I call it?

A fair number of polyps in the colon get
called "juvenile polyps" that aren't.

Why?

Because they are round and have dilated
crypts, and because juvenile polyps are not
well defined.

What polyps have names?

They differ somewhat by site

All sites

adenomas

juvenile

Stomach

fundic gland

hyperplastic: nothing like the colonic polyp

P-J hamartomas

Colorectum

hyperplastic: nothing like the gastric polyp

new names for mainly prolapsed mucosa

A fair number of bumps get called
"hamartomas"

Why?

Because they are made up of normal or near
normal epithelial structures
and because the word "hamartoma" is a good
place to hide, if you don't have another name
in mind.

Some polyps are lumps containing prolapse changes including smooth muscle fibers extending from the muscularis mucosae into the mucosal base villiform surface, with occasional necrotic tips, distortion of tubular architecture, reactive changes in surface and superficial tubular epithelium

Some of these now have names

Maybe 5-10% of endoscopic polyps contain histologically normal mucosa

If we serial section them or turn the block around and start cutting from the back side, some of them will turn out to be something like a minute adenoma or hyperplastic polyp

Does such a tiny adenoma have any clinical meaning, other than it forces the patient into an expensive and unpleasant follow-up program?

Is it worth the effort?

Formerly nameless polyps that now have names

- Diverticulosis associated polypoid prolapsed mucosa (Kelly polyp)
- Inflammatory myoglandular polyp (never caught on here)
- Cap polyp (more prolapsed mucosa)
- Transitional mucosal polyp (the edge of something)
- The new fibroblastic polyp

Not all GI polyps are easy to classify

some are hybrids
some don't fit
some are pimples
some have obscure literature

They are annoying!

They will make you crazy!

They make me crazy!

The more we keep up with the literature, the more names we know, since new names come out from time to time.

This is the same situation with everything else, like inflammations or carcinomas

The zit analogy:

A zit is like a polyp, but it is on the skin

Zits occur in almost everyone

They frequently are biopsied

Dermatologists and dermatopathologists have already given names to 3500 zits based on location
color
contours
texture (how they feel when you rub them)

The GI tract has more surface area than the skin
 Zits occur in the gut mucosa.
 Possibly they are as common as they are on the skin.

Gastroenterologists and GI pathologists have only named 532 zits based on GOKW.

We have 2968 zits still to name to match the skin people

Polyps with no names are found more often in the colon than in the stomach. Why?

- More colonoscopic exams than upper endoscopic exams
- more surface area in the colon than in the stomach
- gastric mucosa is commonly slightly nodular anyway (area gastricae)

Unnamed polyps are common!

We try to fit them into categories in which they do not belong.

So, they take up a lot of our time

When will we learn?

Polyps with no name

Simplified, probably useless classification

1. Polyps due to excess epithelium
2. Polyps due to excess lamina propria
3. Polyps due to stroma that is not lamina propria
4. Polyps that are mixed
5. Polyps that are none of the above

Situations in which unnamed polyps occur

The polyp does not correspond to anything I know or that has a picture in a book or journal

The polyp kind of looks like something I know, or maybe several somethings, but not enough like any of them

Polyps due to excess lamina propria

These are likely to be called "inflammatory pseudopolyps"

This might be an appropriate name, since they tend to look like the IPPs that occur in ulcerative colitis.

However, the IPP designation might be dangerous. Some clinicians seem to equate IPPs with UC. An IPP diagnosis might lead to an assumption that the patient has UC

Gastric unnamed polyps

The stomach has 2 common polyps
 fundic gland polyps: clear cut anatomy
 hyperplastic polyps: confused anatomy

Therefore, we probably throw more things
 into the hyperplastic category than it deserves
 because we do not know the limits of
 hyperplastic polyps in the stomach.

Why is it important to give
 every polyp a name?

The clinicians want it.

Or do they?

**If is not an adenoma,
 do they really care
 what name we give to it?**

Only adenomas lead to clinical decisions

An unnamed gastric polyp

The distal polyp that looks like it
 has too much mucosa, maybe
 with a little prolapse change at
 the base.

Why is it important to give
 every polyp a name?

We pathologists want it

This is probably closer to the truth

Sometimes the specific name is less
 important than the satisfaction of
 finding (concocting, etc) a name

And believing that we made (up) the right choice

The house officer polyp rules:

If you can't name a polyp in 20 seconds then it
 probably does not have a name or the
 reference to it is so obscure that you do not know
 it exists, or you have had poor training.

If you think you can name it after 20 and before
 30 seconds, then you better be sure that you are
 not putting it in the wrong place.

If you still can't name it by 30 seconds, make up
 a name: "Benign mucosal polyp" is acceptable

References: It is almost impossible to find references to things that have no names. If they had names, then they would have references, and they would not be the subject of this discussion. Anyway, here are some references to a few things that got names recently:

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2. Kelly JK. Polypoid prolapsing mucosal folds in diverticular disease. *Am J Surg Pathol.* 15:871-878, 1991
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4. Burke AP, Sobin LH: Eroded polypoid hyperplasia of the rectosigmoid. *Am J Gastroenterol.* 85:975-980, 1990
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7. Campbell AP, Cobb CA, Chapman RWG, et al: Cap polyposis—an unusual cause of diarrhea.. *Gut.* 34:562-564, 1993
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9. Heilmann KL, Schmidbauer G, Schyma G. The transitional polyp of the colorectal mucosa. *Path Res Pract.* 182:690-693, 1987