

BÖLÜM 73

KOLOREKTAL POLİPLER VE POLİPOZİS SENDROMLARI

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KOLOREKTAL POLİPLER

GİRİŞ

Kolonik mukozadan lümeneye doğru olan her türlü çıkıntı polip olarak adlandırılır. Kolonik polipler morfolojik görünümüne göre düz, flat, sapsız sesil polipler ve saplı pedinküllü polipler olarak ikiye ayrılırken, histolojik yapılarına göre neoplastik, nonneoplastik ve supmukozal lezyonlar olarak olarak üçe ayrılırlar. Kansere dönüşme riski olan en sık neoplastik polip adenomdur. Non neoplastik polipler inflamatuvar, hamartomatöz ve hiperplastik poliplerdir (Tablo 1).

Tablo 1. Poliplerin sınıflandırılması.

1. Neoplastik polipler	2. Nonneoplastik polipler
A. Adenomatöz polipler • Tubüler • Villöz • Tubulo-villöz B. Serrated polipler	A. Hiperplastik polipler
C. Displazi ilişkili lezyon veya kitleler	B. Hamartomatöz polipler • Juvenil polipler • Peuts-jeghers sendromu C. İnflamatuvar polipler
3. Supmukozal lezyonlar	

1. Neoplastik Polipler

Neoplastik(adenomatöz) polipler mukus sekrete eden kolonik mukozadan köken alan benign tümörlerdir. Yaşla beraber adenomatöz poliplerin sıklıkları artmaktadır, Amerikan toplumunda 50 yaş üzerinde % 20-40 oranında rastlanmaktadır. Cinsiyetle de dağılımı değişmektedir, 50 yaş üzeri kadınlarda % 12 erkeklerde % 24 oranında görülmektedir. Populasyon bazlı bir çalışmada asemptomatik hastalarda araştırma amaçlı yapılan kolonoskopilerde % 34 oranında polip saptanmıştır. Otopsi serilerinde daha yüksek oranda tespit edilmektedir, yaşla beraber 1/4-1/3 oranında rastlanmaktadır. Kolonik poliplerin gelişimine sebep olan faktörler çok sayıdadır ve net olarak belirlenememiştir. Ancak bu süreçte genetik yatkınlığın ve çevresel faktörlerin önemli katkı sağladığı bilinmektedir. Sigara içiciliği, obezite, yüksek kırmızı et tüketimi, düşük fiber ve kalsiyum alımı kolonik polip gelişimi için diğer risk faktörleridir. Non steroid antiinflamatuvar ilaçlar ve statin kullanımı polip gelişim riskini azaltan faktörlerdir.

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