

Adenomatous Polyps

- Adenomatous polyps are, by definition, neoplastic
- Although benign, they are the direct precursors of adenocarcinomas and follow a predictable cancerous temporal course unless interrupted by treatment
- Can be either pedunculated or sessile

Subtypes

- Adenomas are divided into 3 subtypes based on histologic criteria, as follows:
 - (1) tubular (80-86% according to the WHO)
 - (2) tubulovillous (8-16%)
 - (3) villous (5%)

Villous Adenoma

- Villous adenomas are associated more often with larger adenomas and more severe degrees of dysplasia
- Occur more frequently in the rectum and rectosigmoid
- They generally are sessile structures that appear as velvety or cauliflowerlike projections
- Risk of malignant transformation (approximately 15-25% overall but higher once >2 cm)

Fluid And Electrolyte Depletion Syndrome

- Caused by secretion of sodium, potassium, and fluid from the tumor
- PGE2 formation in the villous adenoma appears to be the cause of fluid secretion by the abnormal tumor epithelium

Characteristics

- Massive secretory diarrhea
- Pre-renal insufficiency
- Hyponatremia
- Hypokalemia
- Metabolic alkalosis or acidosis

Therapy

- **Surgical removal** of villous adenoma is the only promising therapy
- In case of inoperability, denial of surgical intervention or just for palliative treatment prior to surgery, the use of **PG synthetase inhibitors** may facilitate the correction of severe fluid-electrolyte deficits