

- Pseudopolyps = inflammatory polyp

- Causes: UC, Crohn, any colitis

- Benign (not premalignant)

- Morphology: pedunculated, sessile

- < 2 cm

- multiple, may extensive and mimic FAP

TTT : treat the cause of colitis

- Medical : infliximab in Crohn
OR
Budesonide enema

Endoscopy : Polypectomy, ablation,
electrocautery in case
of Bleeding

surgery : 1 When Endoscopy fail

2 - when there is obstruction

↳ from resection of sigmoid to

hemicolectomy

Hamartomatous Polyps

juvenile

- sporadic or familial
- pedunculated
- Rectosigmoid
- not-pre malignant
- highly vascular → can cause intussusception hematochezia
- ††: polypectomy

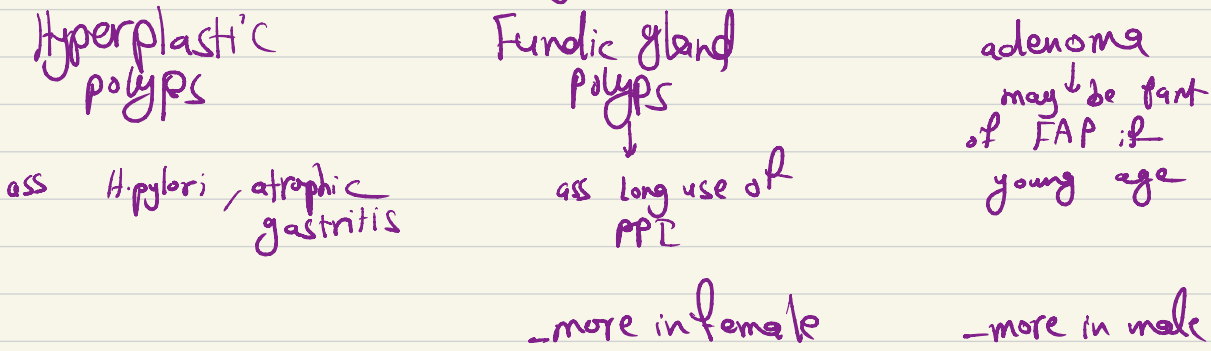
- FJP

- AD
- premalignant to adenoma
- screening annually at 10-12y
- ††: surgery according to degree of involvement

Petz-jegur

- AD
- pedunculated, sessile, lobulated
- 1-20 poly on each segment
- juvenum
- 0.7 cm to >5 cm
- Macular dark melanin deposits in mucosal membrane
- ↑ Risk for Colorectal CA
- Risk of BC, ovary CA
- screening, by endoscopy, colonoscopy at 20y and annually flexible sigmoidoscopy
- ††: surgery for obstruction and bleeding

Gastric Polyps



- all mostly asymptomatic

The most common complaints associated with the finding of gastric polyps are dyspepsia, acid reflux, heartburn, abdominal pain, early satiety, gastric outlet obstruction, gastrointestinal bleed, iron deficiency anemia and fatigue.

- Gold standard for Dx: upper endoscopy

- Removed by EMR (Endoscopic Mucosal Resection)

then Biopsied:

if GHP → Repeat endoscopy after one year
and if there is H. pylori after 3 months to confirm eradication

if FGP → if 75-10 mm → endoscopy after 1 year.

if adenoma at young age → family history and colonoscopy to exclude FAP

small intestines Polyp

- 1) Adenoma M.C tend to be villous than in colon
- distal duodenum, ampulla, periampulla
- 2) Brunner gland hyperplasia or Hamartoma

Peptic Duodenitis

nodular duodenitis → in Endoscopy

3. Periampullary mucopithelial hamartoma (Adenomyoma)

- asymptomatic
- intermittent biliary, pancreatic obstruction
- sessile pedunculated
- affect male and female equally

- 4 Cronkhite-Canada syndrome : Polypoid diffuse mucosal thickening
↳ Hamartoma Polyp
- alopecia, hyperpigmentation, atrophy of nails
- M:F 2:1
- Age 50-70

There are certain anatomic characteristics of the duodenum that make endoscopic resection of duodenal lesions challenging. These factors include:

- 1- a narrow lumen
- 2- a "C-loop" that makes maintaining endoscope position difficult
- 3- Brunner's glands in the submucosal layer that stiffen the wall and make mucosal lifting difficult
- 4- a thin deep muscle layer that results in a higher rate of perforation
- 5- the duodenum has an extensive vascular network supplied by the gastroduodenal artery that increases the risk of bleeding, which can be severe and potentially life-threatening.

Symptoms that have been attributed to small bowel polyps include

- Dyspepsia.
- Abdominal pain.
- Overt gastrointestinal bleeding.
- Intussusception.
- Obstruction.

Methods of Resection

1- Double balloon enteroscopy : complication - Bleeding
- Perforation
- Pancreatitis

2- Endoscopic Mucosal Resection : submucosal injection of HPMC (Hydroxypropyl Methyl cellulase) to be separated from Muscularis Propria

Two ways.

1- with suction

2- without suction