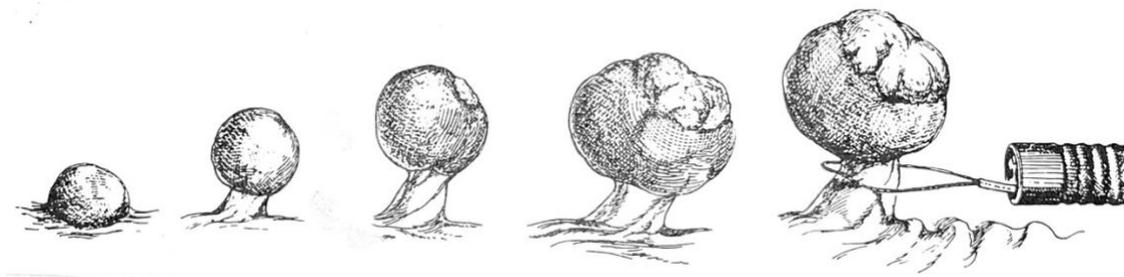


## What Is A Colon Polyp?

Your doctor may have recently told you that you have a colon polyp. It may have already been removed or destroyed during a colonoscopy exam. The information below will answer questions you may have about this condition.

### What is a colon polyp?

The colon, or large intestine, is the last six feet of the human intestinal tract. Much like a pipe, it is hollow, and its inner surface usually is smooth. For unknown reasons, some individuals grow small lumps of tissue called *polyps* on the colon's inner surface. There may be single or multiple polyps.



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### What causes colon polyps?

The cause is unknown, but the incidence of polyps increases with age. Most individuals with colon polyps have no family history. Still, if one family member develops a colon polyp, the genetic risk of other close family members (parents, siblings, children) rises significantly.

### What does a polyp look like?

Colon polyps are found in one of two shapes. Polyps on stems, or stalks, look like mushrooms and are called *pedunculated*. Some polyps grow directly into the inner wall of the colon like "spilled paint." These are called *sessile* polyps and are more difficult to detect and remove. A perfect "prep" for your colonoscopy helps the doctor find these subtle lesions.

### Are colon polyps the same as cancer?

All body tissues are made up of millions of tiny individual cells. There is a delicate balance between the old and the new. Old cells are constantly dying and are replaced by new healthy cells. If too many new cells form, they create a lump or mass called a tumor. Tumors can be benign or malignant. Benign tumors do not spread and are not considered cancer. Malignant tumors are cancer. Cells in these tumors are abnormal in that they continue to divide uncontrollably. Cancer cells can invade and spread to nearby tissues and organs without treatment.

When caught early, most colon polyps are NOT cancerous (not malignant) and are considered benign tumors. They can usually be removed during colonoscopy and, in most cases, do not grow back. Occasionally, intestinal surgery is necessary to remove a polyp. However, cells from benign polyps do not spread to other parts of the body and, once removed, are rarely a threat to life.

### Why remove polyps if they are benign?

Colon polyps are removed to prevent colon cancer. While not every colon polyp turns into cancer, it is felt that almost all colon cancer begins as a small benign polyp. The risk of cancer developing within a polyp rises as the polyp grows larger. This process may take many years, but occurs silently without any warning symptoms. Fortunately, during **screening colonoscopy**, most colon polyps can be identified and removed in the early stages – thus preventing possible colon cancer.

### **What are the types of colon polyps?**

Some small polyps are destroyed during removal, but if a polyp is large enough, tissue fragments can be retrieved and sent for biopsy to determine the exact type of polyp. Sometimes, a small "polyp" is just a collection of normal tissue. Four types of "true" polyps may occur within the colon:

1. **Inflammatory** – These are most often found in patients with ulcerative colitis or Crohn's disease of the colon. Often called "pseudopolyps" (false polyps), they are not true polyps but merely a reaction to chronic inflammation of the colon wall. Inflammatory polyps are not the type that cause colon cancer and need not be removed. They are often biopsied to verify the type.
2. **Hyperplastic** – This common type of polyp is usually tiny and found in the rectum. They are considered to be low risk for cancer.
3. **Tubular adenoma or adenomatous polyp** – This is the most common type of polyp commonly referred to when a doctor speaks of colon polyps. About 70% of polyps removed are of this type. Adenomatous polyps usually cause no symptoms but carry a definite cancer risk, which rises as the polyp grows larger. If detected early, they can be removed during colonoscopy before cancer cells form. Patients with a history of adenomatous polyps are considered high-risk and must be periodically reexamined.
4. **Serrated adenoma or sessile serrated adenoma** – Serrated polyps, often found in the ascending colon, are a class of colon polyps with a serrated or saw-toothed appearance under a microscope. Only about 25% of colon cancer cases develop from serrated polyps. But when they do, they may progress faster than the more common types.
5. **Villous adenoma or tubulovillous adenoma** – About 15% of polyps removed are of this type. This is the most serious type of polyp with the highest risk of cancer. Most villous polyps are sessile and more challenging to remove. Smaller ones can be removed piecemeal - sometimes over several colonoscopies. Larger sessile villous adenomas may require intestinal surgery for complete removal. Follow-up depends on the size and completeness of removal.

### **What if my polyp biopsy showed dysplasia?**

Don't panic. Dysplasia is not cancer. It is considered "halfway" between benign and cancer—just like an abnormal Pap smear that isn't cancer yet. When removed and biopsied, both adenomas and villous adenomas may contain abnormal cells that are "almost cancer." Dysplastic polyps can be further divided into low-grade dysplasia and the more severe high-grade dysplasia. This is a serious finding, but it is not considered malignant.

### **Can I reduce my risk of colon polyps?**

Not really. There is no reliable way to prevent further colon polyps. However, there is evidence that the risk of polyps may be lowered by adding more fiber, extra calcium, and vitamin folic acid to your daily diet.

### **How can I reduce my risk of colon cancer?**

The answer is colonoscopy, colonoscopy, colonoscopy! Since polyps cannot be reliably prevented, periodic colonoscopy exams are recommended. If you are a polyp former, your risk of future polyps is about 60% - and there are no warning symptoms to guide you. With periodic colonoscopy exams, you can maximize your chances that any new polyps will be detected and removed before cancer cells develop. Rarely, colon cancer may develop between colonoscopy exams. Fortunately, they are usually minor and curable by surgery. Periodic colonoscopy can significantly reduce your risk of colon cancer. If you have any questions, ask your doctor. More information can also be found on our website at [www.gihealth.com](http://www.gihealth.com).

Robert Fusco MD.  
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## **Center For Digestive Health & Nutrition**

725 Cherrington Parkway • Moon Township, PA 15108  
412.262.1000 • [www.gihealth.com](http://www.gihealth.com) • IG: @thedigestivetract