Follow-Up of Colorectal Polyps. Doctor, When Should the Next Colonoscopy be Done?

Dr. Fernando Mendoza Moreno1*, Dr. Fernando Noguerales Fraguas1 and Dr. Agustín Silva Mato2

1General and Digestive Surgery Department, Príncipe de Asturias Teaching Hospital, Alcalá de Henares, Madrid, Spain
2Surgery, Medical and Social Sciences Department, Alcalá University, Alcalá de Henares, Spain

*Corresponding Author: Dr. Fernando Mendoza Moreno, General and Digestive Surgery Department, Príncipe de Asturias Teaching Hospital, Alcalá de Henares, Madrid, Spain.

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Colorectal cancer (CRC) is the second cause of cancer death in both sexes in developed countries. Its incidence has increased in recent years considerably.

In 2012, 140,000 new cases of CRC were diagnosed in the United States, (being the third cause of cancer in both sexes) with a mortality close to 36% [1]. In the United Kingdom, CRC caused 16,000 deaths in 2005 [2]. In Europe, the annual incidence of CRC is 35 - 55 inhabitants per 100,000 with an average age of presentation in the sixth decade of life [3].

However, its mortality has decreased significantly, up to 47%, since the 90s and this is mainly due to the screening and prevention programs proposed by the different International Societies and its early diagnosis.

Since the mid-twentieth century is known the sequence “adenoma-carcinoma” by which the hypothesis of colorectal carcinogenesis is established, which explains how from a colorectal polyp through a series of mutations degenerates into a carcinoma in a period of approximately 10 - 15 years. Unlike breast and prostate cancer, most cancers of the colon and rectum are caused by a premalignant lesion whose removal decreases its incidence [4].

Based on this hypothesis and since 1993 with the National Polyp Study, a reduction in the incidence of CRC is observed in patients who undergoing endoscopic polypectomy [5]. Subsequently, and thanks to the introduction of colonoscopy in the screening programs, different detection and surveillance guidelines have been developed and updated by different societies such as ACS (American Cancer Society), ESGE (European Society of Gastrointestinal Endoscopy) or AGA (American Gastroenterological Association).

All of them establish follow-up intervals based on the number and histopathological characteristics of the colorectal polyps found. Despite this, the tendency to perform follow-up colonoscopy in patients diagnosed with colorectal polyps does not usually coincide with what is established in the guidelines and its tendency is to perform it in a shorter time interval. This causes a high number of unnecessary colonoscopies increasing health care costs.

The main responsible for the high number of colonoscopies requested is the doctor (specialist in digestive, surgeon or primary care) who should know and try to apply the interval of follow-up of the next colonoscopy.

It is currently considered that the number (3 or more polyps), the size, greater than 10 mm, the presence of high grade dysplasia and a villous architecture in the adenomatous polyp lead to repeat the next colonoscopy in a range between one and three years according to the different guides [6]. The risk of developing a colorectal carcinoma in the follow-up of these patients is significantly higher than in the rest. Regarding the group of patients who do not present these characteristics, the interval of the next colonoscopy should be longer,

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generally between 5 and 10 years. It is true that the presence of other types of polyps in colonoscopy, as in the case of hyperplastic polyps, is not well defined, being perhaps responsible for the CRCs in a shorter period of time. In recent years, working groups such as the EPoS study attempt to establish the appropriate interval of follow-up by combining the different types of polyps [7].

In conclusion, we actually know that patients with colorectal polyps have a higher risk of developing a CRC and they must have a follow-up within the different surveillance programs. The choice of the next colonoscopy interval should be made by the specialist, individualizing each patient and knowing the recommendations established by the different international societies.

**Conflict of Interest**
The authors do not have any conflicts of interest.

**Bibliography**


