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Pathological findings of colorectal polyps analyzed in Curitiba – Brazil

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ABSTRACT

Context: Colorectal cancer is the third leading cause of death from malignancy in the world and the fourth leading cause in Brazil's ranks. Adenomatous polyps are considered premalignant lesions, and its resection reduces both morbidity and mortality rates.

Objectives: Investigate the prevalence of premalignant lesions and correlate it with age and gender, as well as with the lesion found profile: location, morphology, histology and grade dysplasia.

Methods: This was a retrospective, observational and descriptive study. We analyzed and tabulated results of polyps reports sent to Pathology Laboratory in the period ranging from January 1 to December 31, 2013, in Curitiba, Paraná, Brazil.

Results: We analyzed 4640 reports of colorectal polypectomy, coming from 3089 patients, of whom 97.6% were examined by colonoscopy. Concerning gender, 56.5% were female and 43.5% were male. The mean age was 57.6 years (ranging from 15 to 92 years). The predominant removal areas of polyps were rectum in 26.2% and sigmoid in 24.2% cases. About histological aspects, the most common type – adenoma – was present in 75.1% polyps, of which 74.2% were tubular and 21.7% were serrated. Among the non-adenomatous polyps, hyperplastic prevailed with 88.7% cases. Malignancy was observed in 100 cases (2.15%).

Conclusion: This study showed higher incidence of colorectal polyps in women, although adenocarcinomas are equally distributed in both sexes. In addition, the average age of patients undergoing colonoscopy is decreasing. Furthermore, 2.15% polyps sent for pathology analysis were found to be malignant.

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Achados anatomopatológicos de pólipos colorretais analisados em Curitiba - Brasil

R E S U M O

Palavras-chave:
Colonoscopia
Pólio
Câncer colorretal

Contexto: O câncer colorretal (CCR) é a terceira causa de morte por doença maligna no mundo e, no Brasil, ocupa a quarta posição. Os pólipos adenomatosos são considerados lesões pré-malignas e a sua ressecção diminui a taxa de morbimortalidade.

Objetivos: Verificar a prevalência das lesões pré-malignas e malignas, correlacionando com a idade e gênero, com perfil da lesão encontrada: tamanho, localização, aspecto morfológico, tipo histológico e grau de displasia.

Métodos: Estudo retrospectivo, observacional e descritivo. Foram analisados os resultados dos laudos encaminhados a um Laboratório de Patologia, no período de janeiro a dezembro de 2013, em Curitiba, Paraná, Brasil.

Resultado: No total, analisou-se 4640 laudos de polipectomias colorretais, oriundos de 3089 pacientes, dos quais 97,6% realizaram exame por colonoscopia. Em relação ao gênero, 56,5% eram mulheres e 43,5% homens. A idade média foi 57,6 anos (entre 15 e 92 anos). Os locais predominantes de retirada dos pólipos foram reto (26,2%) e sigmoide (24,2%) dos casos. Em relação aos aspectos histológicos, o tipo mais comum foi adenoma, presente em 75,1% dos pólipos, dos quais 74,2% eram do tipo tubular e 21,7% serrilhado. Dentre os pólipos não adenomatosos, predominou o hiperplásico com 88,7% dos casos. A presença de malignidade foi observada em 100 casos (2,15%).

Conclusão: O presente estudo evidenciou maior frequência de pólipos colorretais em mulheres, embora os adenocarcinomas estejam distribuídos igualmente em ambos os sexos. Além disso, a média de idade dos indivíduos que fazem colonoscopia está diminuindo. Malignidade foi encontrada em 2,15% dos pólipos encaminhados para análise anatomicaparafisiológica.

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Introduction

Colorectal cancer (CRC) is the third cause of deaths related to malignant diseases all over the world¹ and it is the fourth leading cause in Brazil.^{1,2} In 2012, CRC frequency reached out 29,870 cases. According to Brazilian's Cancer National Institute (Instituto Nacional do Câncer – INCA),³ in south region, CRC can be found in 20.4 and 21.8 per thousand men and women respectively.³ The prevalence is higher for people among 60–79 years and also for female sex.^{2,3} In Brazil, recommendations of the governmental public health institution (Ministério da Saúde) preconize screening strategies using fecal occult blood test in individuals from 50 to 75 years, followed by sigmoidoscopy or colonoscopy if the first test is positive. Colonoscopy is the gold-standard for CRC due to its cost-effectiveness.⁴

Colorectal polyps are projections in large bowel mucosa and can be either neoplastic or not. Neoplastic polyps are adenomas and carcinomas, while non-neoplastic polyps are hamartomas, inflammatory, hyperplastic or metaplastic polyps.^{2,5} The adenoma histological type increases 2–3 times the risk of CRC development. It is possible to resect polyps before its malignization. This procedure decreases morbimortality rates for CRC and increases to 90% the five-year survival rate.⁴ According to the National Polyp Study, after an adenoma resection, the recurrence risk is 32–41.7%.¹

In this study, we analyzed the pathological reports from polypectomies in a Laboratory of Pathology in Curitiba, Brazil, in 2013. The aim was to establish the frequency of premalignant and malignant lesions and correlate them with patient demographical information (age and gender), as well as with the findings of the lesion itself, such as localization, morphological and histological type and presence of dysplasia.

Methods

Positivo University Ethics Committee approved the research and the protocol number of the approval is 28872014.7.0000.0093. This study analyzed exclusively medical reports and was exempted of Free and Informed Consent Term, ensuring data confidentiality.

This is a retrospective, observational and descriptive study, which analyzed three thousand and eighty nine polypectomies histopathological reports in a private pathology Laboratory in Curitiba, from January to December 2013. The variables described were age, sex, number of lesions for each patient, histological type, dysplasia (presence and degree), and polyp location. A computerized system was used to survey the reports. Two trained and experienced pathologists evaluated all histopathological aspects of the polyps, decreasing subjectivity bias.

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