JOHNS HOPKINS
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FAQS: SESSILE SERRATED ADENOMA OR TRADITIONAL SERRATED ADENOMA OR ADENOMAS (WITH OR WITHOUT HIGH GRADE DYSPLASIA)

UNDERSTANDING YOUR PATHOLOGY REPORT: A FAQ SHEET

When your colon was biopsied, the samples taken were studied under the microscope by a specialized doctor with many years of training called a pathologist. The pathology report tells your treating doctor the diagnosis in each of the samples to help manage your care. This FAQ sheet is designed to help you understand the medical language used in the pathology report.

1. What if my report mentions “cecum”, “ascending colon”, “transverse colon”, “descending colon”, “sigmoid colon”, or “rectum”?

The cecum is the beginning of the colon where the small intestine empties into the large intestine. The ascending colon, transverse colon, descending colon, sigmoid colon, and rectum are, in order other parts of the colon beyond the cecum. The colon ends at the rectum and waste exits through the anus.

2. What is a polyp in the colon?

A polyp is a projection (growth) of tissue from the inner lining of the colon into the lumen (hollow center) of the colon.

3. What is an adenoma?

An adenoma is a polyp that resembles the normal lining of your colon but differs in several important microscopic aspects.

4. What are “tubular adenomas”, “tubulovillous adenomas”, and “villous adenomas”?

Adenomas have several different growth patterns that can be seen by the pathologist under the microscope. There are two major growth patterns: tubular and villous. Because many adenomas have a mixture of both growth patterns, some polyps may be called tubulovillous adenomas. Most adenomas that are small (less than ½ inch) and have a tubular growth pattern. Larger adenomas may have a villous growth pattern. Larger adenomas are more often found to have cancers developing in them. Adenomas with a villous growth pattern are also more likely to have cancers develop in them. As long as your polyp has been completely removed and does not show cancer, you do not need to worry about the type of growth pattern seen in your polyp. These growth patterns are mostly used to try and determine how often you will need to have colonoscopy to make sure you don’t develop colon cancer in the future (see FAQ#10).

5. What if my report used the term “sessile”?

Polyps that tend to grow as slightly flattened, broad-based polyps are referred to as ‘sessile’.

6. What if my report uses the term “serrated”?

Serrated polyps have a ‘saw tooth’ appearance under the microscope and that is why they are called ‘serrated’.

7. What if my report uses the term “traditional serrated”?

The term ‘traditional serrated’ has slightly different features seen with the microscope than the more recently described sessile serrated adenoma. Both types need to be removed from your colon.

8. What is the significance of the diagnosis of sessile serrated adenoma or traditional serrated adenoma or adenoma (adenomatous polyp)?

These types of polyps are not cancer, but are precancerous and therefore, you have some increased risk of subsequently developing cancer of the colon. However, most patients with these polyps never develop cancer.

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9. What if my report mentions “dysplasia”?

“Dysplasia” is a term that describes how much your polyp looks like cancer under the microscope. Polyps that are only mildly abnormal are said to have low-grade (mild or moderate) dysplasia, while polyps that are more abnormal and look more like cancer are said to have high-grade (severe) dysplasia. As long as your polyp has been completely removed and does not show cancer, you do not need to worry about dysplasia in your polyp.

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10. How does having the various types of adenoma affect future clinical treatment?

Since you had an adenoma, you will need to have a colonoscopy every so often to make sure that you don't develop any more adenomas. The frequency of recommended endoscopy exams depends on a number of circumstances, and should be discussed with your treating doctor as it may be individualized to your specific case.

11. What if my adenoma was not completely removed?

If your adenoma was biopsied but not completely removed, you will need talk to your doctor to determine what further treatment is best for you. In general, all adenomas need to be completely removed. In some cases, the adenoma may be too large to remove with an endoscope (a tube inserted through the anus) by the gastroenterologist. In such cases you may be sent to a surgeon to have the adenoma removed.

12. What if my report also mentions "hyperplastic polyps"?

"Hyperplastic polyps" are totally benign (non-cancerous) and have no significance.