GENERAL INFORMATION

Villous adenoma is a growth found in the lining of the rectum or colon. It is soft and flat, often making it difficult to feel even as the examining finger passes over it during a routine rectal examination. There can be unsuspected cancerous changes in it, or there is a risk of cancer developing in it later. The cause of villous adenoma is not known.

COMMON SIGNS AND SYMPTOMS

- Many persons have no symptoms at all.
- There may be changes in bowel habits.
- There may be some blood in the stool or just mucus.
- There may be diarrhea.

DIAGNOSIS

- About one-third of villous adenomas can be reached with the examining finger.
- About 90% can be reached with a flexible sigmoidoscope.
- They may be as small as your little fingernail to the size of your palm.
- Flexible sigmoidoscopy: This is done with an instrument (a flexible sigmoidoscope) that is smooth and flexible, has lenses in it and a light at its tip, and is as big around as your little finger. It can be used to inspect the inside of the lower one-fourth of your bowel. This is an office procedure.
- Colonoscopy: This is done with an instrument that is similar to a flexible sigmoidoscope except that it is long enough to inspect your entire colon. Also, during the colonoscopy you will be given medicine that will make you feel drowsy. The tip of the instrument will be gently introduced through your anus and then advanced up the entire bowel, which will be examined for any abnormalities.
- Barium enema: Liquid barium is placed in the rectum (very much like a regular enema), and x-ray pictures are taken of the barium as it flows throughout the colon. A villous adenoma can show a characteristic picture.
- Ultrasound: A smooth, flexible instrument as thick as your little finger (an ultrasound probe) is lubricated and inserted through the anus and into the rectum. From the tip of the probe, harmless, painless sound waves are aimed at the villous adenoma in the wall of the rectum. The waves bouncing back (the echoes) are seen as pictures on a screen. This can help show how deeply the adenoma (and any cancer in it) penetrates the rectal wall.
- One of the most important responsibilities with a villous adenoma is to determine whether there is cancer in it (Fig. 1). Performing the usual biopsy (taking a piece the size of a small pea, for example) can be misleading. If such a piece is negative for cancer, it does not mean that no cancer is present in a different area of the adenoma. Even several biopsies can miss a cancerous area in the adenoma.

For this reason, all of the adenoma must be removed so that it can be examined carefully in the pathology laboratory.

TREATMENT

For the above reasons, treatment needs to be in two parts.

Part I. If possible, remove the entire villous adenoma as one piece to see whether there is cancer in it.

Part II. Determine the type of operation to be performed if cancer is found in the villous adenoma, or if the adenoma cannot be removed beforehand to see whether cancer is present in it.

Part I

Preparation for Removal of Rectal Adenoma
- You will have an examination of your blood, urine, heart (EKG), and lungs (chest x-ray).
- You will be instructed on how to clean out your bowel.
- Do not eat or drink anything for 8 hours before the operation.

Removal of Adenoma
- You will be asleep for the operation.
- The villous adenoma will be removed from below (through the anus) as one piece and sent to the pathology laboratory for detailed examination. The results of these tests will not be known for several days.
**Decision on Further Treatment**

If no cancer is present, no further treatment is necessary.

If cancer is present, then a cancer operation is necessary. The nature of the operation will be determined by at least the following:

- The location of the cancer.
- The size of the cancer.
- How deeply the cancer penetrates into the wall of the rectum.

**Possible Curative Operation: Low Rectum** (Fig. 2)

- If the cancer is small, does not deeply penetrate the tissue, and has borders that are clear of cancer, then it is reasonable not to administer any further treatment but to examine you carefully on a regular schedule.
- If the cancer in the villous adenoma is large, penetrates the deep tissue, and is too close to the sphincters or involves the sphincters of the anus, then the rectum and anus need to be removed. This means that a permanent colostomy will be necessary.
- If the cancer is large, penetrates the deep tissue, and has borders that still contain cancer, part of the rectum containing the tumor needs to be removed. The divided rectum is reconnected so that a person can have bowel movements the normal way.

**Possible Operation for an Apparent Adenoma of the Colon**

If the lesion in your colon cannot technically be removed safely as one piece through the anus (which is usually the case), it is better and safer if it is removed through the abdomen and as though it has cancer in it. If the removed adenoma has cancer in it, then you will have had the correct operation. If it does not have cancer in it, you will not miss the removed piece of colon and you will be rid of something that may later develop cancer in it.

This discussion describes the general principles used in deciding how to treat a lesion of the large bowel that appears to be an adenoma. Once the location of your suspicious lesion is determined, you will have a detailed explanation of your options before anything further is planned or done.