CONDITION

Polyp

A polyp is a growth that projects from the lining of an organ or body passage.

WHAT IT IS
Growth projecting from an organ lining

BODY SYSTEM
Several organs, especially bowel, nose, sinuses, and uterus

MAIN SYMPTOMS
Often none, bleeding, blockage, unusual discharge

WHAT CAUSES IT
Tissue overgrowth from inflammation, genes, or unknown factors

HOW IT IS DIAGNOSED
Examination, endoscopy, imaging, and sometimes biopsy

MAIN TREATMENT
Monitoring, inflammation treatment, or removal

CAN IT BE CURED?
Sometimes - removal works; others recur

IS IT AN EMERGENCY?
Sometimes - heavy bleeding or breathing trouble

LONG-TERM OUTLOOK
Usually good; some need surveillance for cancer risk

Overview

A polyp is a growth that sticks out from the inner lining of an organ or body passage. It may be attached by a narrow stalk or have a broad, flat base.

"Polyp" describes a shape rather than one specific disease. Polyps can develop in several places, including the colon and rectum, stomach, nose and sinuses, uterus, cervix, and vocal cords. Their causes, symptoms, treatment, and long-term importance differ by location.

Most polyps are benign, meaning they are not cancer. Some types can slowly develop into cancer, and a polyp may occasionally already contain cancer cells. This is especially important with certain colon, rectal, stomach, and uterine polyps. A laboratory examination of removed tissue, called histology or pathology, can identify the type of polyp and whether abnormal cells are present.

Some polyps cause bleeding, blockage, or other symptoms. Many cause no symptoms and are found during screening or an examination for another concern.

Symptoms

Symptoms mainly depend on where the polyp is located. Having one of these symptoms does not necessarily mean you have a polyp.

Colon or rectal polyps often cause no symptoms. When symptoms occur, they can include:

Nasal polyps are soft growths linked with long-lasting inflammation in the nose and sinuses. They may cause persistent nasal blockage, reduced sense of smell or taste, a runny nose, mucus draining down the throat, facial pressure, or snoring. Small nasal polyps may cause no noticeable symptoms.

Polyps inside the uterus, called endometrial polyps, may cause bleeding between periods, unusually heavy periods, bleeding after menopause, or difficulty becoming pregnant. Some are found during an ultrasound or fertility assessment without having caused symptoms.

Cervical polyps develop on the cervix, the lower part of the uterus. They may cause bleeding after sex, bleeding between periods, or unusual vaginal discharge. Many are found during a pelvic examination.

Stomach polyps rarely cause symptoms. Larger or irritated polyps may sometimes cause pain, nausea, anaemia, or bleeding. Polyps affecting the vocal cords may cause ongoing hoarseness or changes in the voice.

- Blood in or on the stool
- Bleeding from the rectum
- A lasting change in bowel habits
- Iron-deficiency anaemia from slow blood loss, which may cause tiredness or shortness of breath

Causes and risk factors

A polyp forms when cells in a lining grow or repair themselves in an unusual way. There is no single cause that applies to every type.

Some colon polyps develop after changes occur in genes that control cell growth. Most of these changes happen during a person's life. A smaller number are related to inherited

conditions, such as familial adenomatous polyposis or Lynch syndrome.

The chance of colon polyps increases with age. A personal or family history of colorectal polyps or colorectal cancer can also increase risk. Long-standing inflammatory bowel disease, such as ulcerative colitis or Crohn's disease affecting the colon, raises the risk of abnormal cell changes, although these changes may not always form ordinary polyps.

Nasal polyps are associated with long-term inflammation of the nose and sinuses. They are more common in people with chronic sinus inflammation, asthma, or sensitivity to aspirin and similar anti-inflammatory medicines. Nasal polyps themselves are not contagious.

Endometrial polyps are influenced by oestrogen, a hormone that affects the uterine lining. They occur more often around and after menopause, although they can develop at other ages. The cause of an individual uterine polyp is often unclear.

Stomach polyps can be associated with chronic stomach inflammation, infection with Helicobacter pylori , inherited conditions, or the long-term effects of certain medicines. The importance of these factors differs according to the exact type of stomach polyp.

Diagnosis

The way a polyp is found depends on its location.

Colon and rectal polyps are usually found during colonoscopy. A thin, flexible tube with a camera is passed through the rectum to examine the bowel. Most polyps seen during colonoscopy can be removed at the same time. CT colonography, sometimes called a virtual colonoscopy, can show possible polyps, but a standard colonoscopy is usually needed to remove or sample them.

A nasal polyp may be seen during an examination of the nose. Nasal endoscopy uses a small camera to look more deeply into the nasal passages. CT imaging may be used to assess the sinuses or plan surgery. A biopsy is not always needed for typical nasal polyps, but unusual, one-sided, bleeding, or firm growths may need further investigation.

Uterine polyps may be suggested by a transvaginal ultrasound, in which a small ultrasound probe is placed in the vagina. Saline may be placed inside the uterus during ultrasound to make the lining easier to see. Hysteroscopy uses a narrow camera passed through the cervix to look inside the uterus and can allow a polyp to be removed.

Cervical polyps can often be seen during a pelvic examination. Stomach polyps are found during upper endoscopy, in which a camera is passed through the mouth into the stomach.

Imaging or visual examination can identify a growth, but pathology provides more detail. A

pathologist examines a tissue sample under a microscope to determine the polyp type and look for precancerous or cancerous cells.

Treatment and management

Not every polyp needs immediate removal. Management is based on its location, size, appearance, symptoms, pathology, and risk of becoming cancerous.

Colon and rectal polyps are commonly removed during colonoscopy in a procedure called polypectomy. Small polyps may be removed with forceps or a wire loop. Larger or more complex growths may need an advanced endoscopic procedure or, less often, surgery. The pathology result helps determine whether another colonoscopy is needed and when.

Treatment for nasal polyps often begins with medicines that reduce inflammation, particularly corticosteroid nasal treatments. Other treatment may be considered for associated sinus disease, asthma, or allergy symptoms. Surgery can remove polyps and open blocked sinus passages when symptoms remain troublesome, but polyps can return.

Uterine polyps that cause abnormal bleeding, affect fertility, appear concerning, or occur after menopause may be removed during hysteroscopy. Small polyps without symptoms may sometimes be monitored. Cervical polyps can often be removed during a clinic procedure, especially if they bleed or cause discharge.

Treatment of stomach polyps depends strongly on their type. Some are removed during endoscopy. Others may be sampled, monitored, or managed by treating an associated condition such as H. pylori infection.

Removal is not the same as an individual cure in every case. The removed polyp may be gone completely, but another polyp can later develop in the same organ.

Complications

Possible complications differ by polyp type.

A polyp may bleed slowly, leading to iron-deficiency anaemia, or bleed more noticeably. Polyps can also block airflow, sinus drainage, the bowel, or another passage if they become large enough.

Certain colon polyps, especially adenomas and some serrated polyps, can develop into colorectal cancer over time. Removing them can interrupt this process. Most colon polyps do not become cancer, but appearance alone cannot always show which ones carry risk.

A small proportion of uterine polyps contain precancerous or cancerous cells. Risk is more concerning with bleeding after menopause and other clinical factors. Nasal polyps are usually benign and do not ordinarily turn into cancer, although another type of nasal growth can sometimes resemble a polyp.

Procedures to remove polyps also have risks. Depending on the site and method, these can include bleeding, infection, or a tear in the organ wall. The team performing the procedure should explain the relevant risks and what symptoms to watch for afterward.

Prevention

Not all polyps can be prevented. This is particularly true when inherited gene changes, age-related changes, or an unknown cause are involved.

Healthy habits may lower the overall risk of colorectal cancer and may reduce the chance of some colorectal polyps, but they cannot guarantee prevention. Avoiding tobacco, limiting alcohol, staying physically active, and eating a balanced diet with plant-based fibre support general bowel health.

Colorectal screening does not stop a polyp from forming. However, it can find and remove certain polyps before they become cancerous. The appropriate screening approach is influenced by age, local screening programmes, family history, previous findings, and inherited conditions.

Managing chronic nasal and sinus inflammation may help control symptoms and reduce recurrence after treatment, but it does not reliably prevent all nasal polyps. There is no established routine that prevents every uterine, cervical, or stomach polyp.

Living with it and what to expect

For many people, a polyp is removed once and causes no further difficulty. Others need follow-up because the same type can return or new polyps can form.

After a colon polyp is removed, the recommended follow-up is based on the number, size, and pathology of the polyps, as well as how completely the colon was examined. A low-risk finding may need little extra follow-up, while higher-risk findings may lead to closer surveillance.

Nasal polyps often behave as a long-term inflammatory condition. Symptoms may improve with treatment, but reduced smell or nasal blockage can return over months or years. Ongoing nasal treatment and occasional reassessment may be needed.

Bleeding from a uterine or cervical polyp often improves after removal. Future bleeding should still be assessed rather than assumed to be another polyp, particularly after menopause.

Keep copies of endoscopy and pathology reports if possible. The exact polyp type is more useful for future care than simply knowing that "a polyp" was found.

When to get medical help

Arrange a routine medical appointment for persistent rectal bleeding, blood in the stool, bleeding between periods, bleeding after sex, bleeding after menopause, lasting nasal blockage, loss of smell, unexplained anaemia, or hoarseness that does not settle. These symptoms have many possible causes and deserve assessment.

After a polyp has been removed, follow the procedure team's instructions. Contact the service promptly if you develop increasing pain, fever, persistent bleeding, or symptoms that are not improving as expected.

Seek urgent medical care for:

Call emergency services for severe breathing difficulty, collapse, or uncontrolled bleeding.

- Heavy or continuing rectal or vaginal bleeding
- Vomiting blood or passing black, tar-like stool
- Severe or rapidly worsening abdominal pain after an endoscopic procedure
- Fainting, marked weakness, confusion, or shortness of breath with bleeding
- New swelling around an eye, vision changes, or a severe headache with nasal symptoms

Common questions

Is a polyp cancer?

Usually not. Most polyps are benign. However, certain types are precancerous, meaning they can develop into cancer over time, and a small number already contain cancer cells. The location and pathology result are more informative than the word "polyp" alone.

Do all polyps need to be removed?

No. Some small, low-risk polyps can be monitored, while others are usually removed because they cause symptoms or may become cancerous. The decision is based on the organ involved, the polyp's features, and your overall clinical situation.

Can a polyp grow back after removal?

The same polyp may return if tissue remains, but it is also possible for a completely new polyp to develop. Recurrence is common with nasal polyps. People who have had certain colon polyps also have a higher chance of developing new ones.

What is the difference between a polyp and a cyst?

A polyp is a growth projecting from a tissue lining. A cyst is a closed pocket that usually contains fluid, air, or soft material. Either can be benign, but they are examined and managed differently.

How long do polyp biopsy results take?

Timing differs by laboratory, the type of tissue, and whether extra testing is needed. The service that performed the biopsy should explain how and when results will be provided. A longer wait does not by itself mean that cancer was found.

Can polyps disappear without treatment?

Some small polyps may shrink or disappear, particularly certain uterine polyps. Nasal polyps may shrink with anti-inflammatory treatment. Many colon polyps do not reliably disappear and are usually removed when found during colonoscopy.

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