### Abstract

**Purpose:** To evaluate the association between diverticulosis and colorectal polyps with particular attention to the anatomical location and histological subtype of colorectal polyps.

**Methods:** We performed a retrospective chart review of patients aged older than 50 years who underwent screening or surveillance colonoscopy between 01/2011 and 12/2012. Patients with a history of IBD or a family history of CRC were excluded. We looked for the presence of diverticulosis and colorectal polyps (adenomas, serrated polyps, and advanced adenoma). The splenic flexure was set as the borderline between proximal and distal colon.

**Results:** A total of 1,077 patients were included in the study (55% men; mean age 57 years), of which 48% had diverticulosis and 50% had at least one colorectal polyp. Among patients with polyps, 493 (46%) had adenomas, 58 (5%) had serrated polyps, and 9 (1%) had advanced adenoma. Prevalence of colorectal polyps was noted to be higher in patients with diverticulosis when compared to those without diverticulosis: 53% (272 of 512 patients) versus 47% (267 of 565 patients), odds ratio (OR) 1.27, 95% confidence interval (CI) 1.007-1.626 (p=0.04). Table 1. This association was noted only with tubular adenoma (n=493; 95% CI 1.03-1.69; p=0.02), but not with serrated polyps or advanced adenomas. In relation to anatomical position, patients with proximal and bilateral diverticulosis were noted to have an increased prevalence of polyps, whereas patients with distal diverticulosis did not (Table 2).

**Conclusion:** Based on our study, patients with diverticular disease had a higher prevalence of tubular adenomas. Therefore diverticulosis alone may represent the need for more frequent surveillance.

### Methods

- We performed a retrospective chart review of patients aged older than 50 years who underwent screening or surveillance colonoscopy between 01/2011 and 12/2012.
- Patients with a history of IBD or a family history of CRC were excluded. We looked for the presence of diverticulosis and colorectal polyps (adenomas, serrated polyps, and advanced adenoma). The splenic flexure was set as the borderline between proximal and distal colon.

### Results

- A total of 1,077 patients were included in the study (55% men; mean age 57 years).
- Among which 48% had diverticulosis and 50% had at least one colorectal polyp.
- Among patients with polyps, 493 (46%) had adenomas, 58 (5%) had serrated polyps, and 9 (1%) had advanced adenoma. Prevalence of colorectal polyps was noted to be higher in patients with diverticulosis when compared to those without diverticulosis: 53% (272 of 512 patients) versus 47% (267 of 565 patients), odds ratio (OR) 1.27, 95% confidence interval (CI) 1.007-1.626 (p=0.04). Table 1.
- This association was noted only with tubular adenoma (n=493; 95% CI 1.03-1.69; p=0.02), but not with serrated polyps or advanced adenomas.
- In relation to anatomical position, patients with proximal and bilateral diverticulosis were noted to have an increased prevalence of polyps, whereas patients with distal diverticulosis did not (Table 2).

### Background

- Diverticulosis and colorectal neoplasms are common findings during colonoscopic examination, with nearly half of the Western population aged above 60 years having diverticulosis and 30–60% having colorectal neoplasms.
- A possible association between both conditions has been addressed in several studies, yielding controversial results so far.
- The goal of our study is to evaluate the association between diverticulosis and colorectal polyps with particular attention to the anatomical location and histological subtype of colorectal polyps.

### References