

## **Digital Fracture Polypectomy for Juvenile Rectal Polyps is Safe**

Juvenile rectal polyps are a common cause of rectal bleeding in children. They are solitary in nearly two-thirds of cases and over half of them are located within 10 cm of the anal verge. The recommended method of treatment is excision under general anesthesia after suture ligation or endoscopic diathermy snaring(1,2).

Children presenting with rectal bleeding must always undergo a rectal examination to exclude a juvenile polyp. While performing this examination we found that, on occasions, the polyp broke off with no subsequent problem. We were also aware that auto-amputation of the polyp may occur spontaneously. We were, therefore, convinced that digital fracture and extraction of these polyps should be safe and avoid the unnecessary risk of anesthesia, or the discomfort of sigmoidoscopy.

Sixty consecutive cases (age 2-9 years) with juvenile rectal polyps identified by rectal examination had the pedicle of the polyp fractured at the time of examination; the polyp was extracted and sent for histological evaluation. The polyps ranged in size from 5 mm-2.5 cm. The children were kept under observation for 30 min and then

allowed to go home with the advice to come to the Emergency in case of bleeding. They were all called after one week to collect their histology report at which time the parents were queried regarding the amount of bleeding after polypectomy. In all cases bleeding ceased soon after and small amount of old clotted blood was passed with their first stool after polypectomy. There was no case in which the bleeding was excessive.

We therefore, feel that digital fracture polypectomy as an outpatient procedure may be safe in a majority of cases and that cumbersome sigmoidoscopic snaring under anesthesia may be unnecessary.

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### **REFERENCES**

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