Familial adenomatous polyposis (FAP) is a rare autosomal, dominant hereditary disease, which affects both sexes equally (1-10). FAP accounts for less than 1% of all colon cancers and is estimated to occur in one of 8,300 live births. It is characterized by numerous adenomas scattered throughout mucosa of the colon and rectum. Case Report: The patient is a 62 years old man, admitted at the Surgical Department of the General Hospital in Konjic on May 18 2010 with gastrointestinal problems including: hard stool, often splattered with fresh blood, irregular and that causes the patient a lot of problems. The final diagnosis was median laparotomy supra et infraumbilicalis. Exploratio cavi abdominalis. Colectomy totalis et ileo-rectostomy TT cum stayerpy (33Ch). Loop ileostomy. Drainage cavi abdominalis N I (uno). Early postoperative course was generally regular. Control laboratory findings show the reference value. After ten days of hospitalization, the patient was discharged on the home recovery, with practically given instructions for care and use of stoma bags. For the secondary surgery was planned ileostomy closure, and regular post-operative endoscopic control. Conclusion: Most of the listed surgical intervention in case of FAP treatment localized in the colon can be performed by open (classic), or laparoscopic methods. Duration of postoperative stay in the hospital depends on the patient’s general condition and the type of performed surgery. It is usually about 7 days. After hospital treatment, recovery at home is from 4-6 weeks. Patients can usually return to work or school 6-8 weeks after surgery. After surgery, patients lives will be completely normal. Sexual and social activities remain the same, while either procedure does not affect the ability of a man or woman to have offspring.

Key words: Familial adenomatous polyposis (FAP), treatment, outcome
The clinical picture is dominated by symptoms of rectal bleeding, changes in the frequency and stool consistency, abdominal pain, anaemia, unexplained weight loss (1,2,3). Usually the first lesions (polyps) in the colon are formed until puberty. Also frequent are asymptomatic cases that progressed to colorectal cancer, and only as such detected. The disease is usually detected in symptomatic phase due to the presence of blood in the stool. When it is diagnosed in one family member, it is necessary to perform examination of all other blood relatives. Also needed is a regular review every two years, of those members in whom the disease has not yet appeared (1).

Diagnosis includes well taken family history, colonoscopy, genetic testing, and abdominal ultrasound and blood tests are used to rule out the possibility of a metastasis.

Given the large number of polyps in case of FAP, their removal cannot be performed individually. Surgical removal of the colon is the only effective treatment. Although the idea of this surgery can be seemed radical and difficult for the patient, it must be done in order to prevent the occurrence of colorectal cancer. Polyps formation begins at puberty. As sooner as surgical procedure is performed after detecting FAP the outcomes are more favorable.

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CONFLICT OF INTEREST: NONE DECLARED