

SURGICAL PATHOLOGY REPORT [SYNTHETIC]

ACCESSION #: UC-2025-32504

DATE OF PROCEDURE: 04/17/2025

DATE OF REPORT: 04/19/2025

REQUESTING PHYSICIAN: Dr. Angela Madden, Gastroenterology

PATHOLOGIST: Dr. Teresa Bishop, Anatomic Pathology

CLINICAL HISTORY:

59 year old male with 6 month history of bloody diarrhea, abdominal pain, and urgency. Colonoscopy showed moderate erythema and loss of vascular pattern from rectum to descending colon. Clinical suspicion for ulcerative colitis.

SPECIMEN RECEIVED:

- A. Rectum, biopsy
- B. Sigmoid colon, biopsy
- C. Descending colon, biopsy
- D. Transverse colon, biopsy
- E. Ascending colon, biopsy
- F. Terminal ileum, biopsy

GROSS DESCRIPTION:

- A. Received in formalin labeled "rectum" are 2 tan-pink tissue fragments measuring 8 mm in aggregate.
- B. Received in formalin labeled "sigmoid colon" are 5 tan-pink tissue fragments measuring 5 mm in aggregate.
- C. Received in formalin labeled "descending colon" are 4 tan-pink tissue fragments measuring 4 mm in aggregate.
- D. Received in formalin labeled "transverse colon" are 3 tan-pink tissue fragments measuring 4 mm in aggregate.
- E. Received in formalin labeled "ascending colon" are 2 tan-pink tissue fragments measuring 3 mm in aggregate.

F. Received in formalin labeled "terminal ileum" are 6 tan-pink tissue fragments measuring 7 mm in aggregate.

All specimens are entirely submitted in 5 cassette(s).

MICROSCOPIC DESCRIPTION:

A. Rectal mucosa shows moderate active chronic inflammation with severe cryptitis, crypt architectural distortion, and Paneth cell metaplasia. The inflammatory process is limited to the mucosa without evidence of granulomas. Basal plasmacytosis is prominent.

B. Sigmoid colonic mucosa shows severe active chronic inflammation with severe cryptitis, crypt architectural distortion, and Paneth cell metaplasia. The inflammatory process is limited to the mucosa without evidence of granulomas. Occasional Paneth cell metaplasia is noted.

C. Descending colonic mucosa shows mild to moderate active chronic inflammation with crypt branching, crypt atrophy, and focal crypt abscesses. The inflammatory process is limited to the mucosa without evidence of granulomas. Occasional apoptotic bodies are present in crypts.

D. Transverse colonic mucosa shows mild to moderate active chronic inflammation with crypt branching, crypt atrophy, and focal crypt abscesses. No evidence of dysplasia is identified.

E. Ascending colonic mucosa shows mild to moderate active chronic inflammation with crypt architectural distortion and crypt abscesses. Surface epithelium shows reactive changes. The inflammatory pattern shows overlapping features of both ulcerative colitis and Crohn's disease.

F. Terminal ileal mucosa shows no significant pathologic abnormality. No evidence of chronic inflammatory bowel disease identified in this section.

DIAGNOSIS:

A. Rectum, biopsy:

- moderate active chronic colitis with crypt architectural distortion and goblet cell depletion
- Features of chronicity consistent with inflammatory bowel disease, with overlapping features of both UC and CD
- moderate consistent with ulcerative colitis
- No dysplasia identified

- No evidence of cytomegalovirus (CMV) infection

B. Sigmoid colon, biopsy:

- severe active chronic colitis with crypt architectural distortion and goblet cell depletion
- severe consistent with ulcerative colitis
- No dysplasia identified

C-E. Descending, transverse, and ascending colon, biopsies:

- mild to moderate active chronic colitis with crypt architectural distortion
- Features consistent with ulcerative colitis
- No dysplasia identified

F. Terminal ileum, biopsy:

- Mild non-specific inflammation
- No evidence of inflammatory bowel disease

COMMENT:

The histologic findings show a pattern of continuous chronic active colitis with greatest severity in the distal colon and rectum, with relative sparing of the proximal colon. The absence of granulomas, transmural inflammation, and terminal ileal involvement are features favoring ulcerative colitis over Crohn's disease. Correlation with clinical, endoscopic, and radiologic findings is recommended for definitive classification. The lack of granulomas, ileal involvement, and transmural inflammation favors ulcerative colitis over Crohn's disease. The histologic findings show overlapping features of both ulcerative colitis and Crohn's disease. This pattern may represent an 'indeterminate colitis' and correlation with clinical, endoscopic, and serologic markers is strongly recommended for further classification.

SPECIAL STUDIES:

Grocott's methenamine silver (GMS) stain is negative for fungal organisms.

This is a synthetic educational pathology report created for AI training purposes. It does not represent a real patient case.