

SURGICAL PATHOLOGY REPORT [SYNTHETIC]

ACCESSION #: UC-2025-40037

DATE OF PROCEDURE: 05/06/2025

DATE OF REPORT: 05/10/2025

REQUESTING PHYSICIAN: Dr. Samantha Gonzales, Gastroenterology

PATHOLOGIST: Dr. Erica Villanueva, Anatomic Pathology

CLINICAL HISTORY:

65 year old male with 1 month history of bloody diarrhea, abdominal pain, and urgency. Colonoscopy showed diffuse erythema, loss of vascular pattern, and contact bleeding from rectum to hepatic flexure. 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 5 tan-pink tissue fragments measuring 2 mm in aggregate.
- B. Received in formalin labeled "sigmoid colon" are 5 tan-pink tissue fragments measuring 7 mm in aggregate.
- C. Received in formalin labeled "descending colon" are 4 tan-pink tissue fragments measuring 3 mm in aggregate.
- D. Received in formalin labeled "transverse colon" are 6 tan-pink tissue fragments measuring 3 mm in aggregate.
- E. Received in formalin labeled "ascending colon" are 5 tan-pink tissue fragments measuring 2 mm in aggregate.

F. Received in formalin labeled "terminal ileum" are 3 tan-pink tissue fragments measuring 5 mm in aggregate.

All specimens are entirely submitted in 3 cassette(s).

MICROSCOPIC DESCRIPTION:

A. Rectal mucosa shows severe active chronic inflammation with marked epithelial injury, neutrophilic cryptitis, and basal lymphoplasmacytosis. The inflammatory process is limited to the mucosa without evidence of granulomas. Surface epithelium shows reactive changes. Rare cells with intranuclear and cytoplasmic inclusions suspicious for cytomegalovirus (CMV) infection are identified.

B. Sigmoid colonic mucosa shows moderate to severe active chronic inflammation with marked crypt architectural distortion, numerous crypt abscesses, and complete goblet cell depletion. The inflammatory process is limited to the mucosa without evidence of granulomas. Lamina propria shows increased plasma cells and lymphocytes.

C. Descending colonic 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.

D. Transverse colonic mucosa shows mild active chronic inflammation with crypt branching, crypt atrophy, and focal crypt abscesses. Lamina propria shows increased plasma cells and lymphocytes.

E. Ascending colonic mucosa shows mild to moderate active chronic inflammation with crypt architectural distortion and crypt abscesses. Reactive epithelial changes are seen adjacent to areas of active inflammation.

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

DIAGNOSIS:

A. Rectum, biopsy:

- severe active chronic colitis with crypt architectural distortion and goblet cell depletion
- severe consistent with ulcerative colitis
- No dysplasia identified
- No evidence of cytomegalovirus (CMV) infection

B. Sigmoid colon, biopsy:

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

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

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

F. Terminal ileum, biopsy:

- Mild non-specific inflammation
- Viral cytopathic changes suspicious for cytomegalovirus (CMV) infection
- 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. Immunohistochemical staining for CMV is positive, confirming the presence of CMV infection. This may contribute to the severity of colitis and should be considered in treatment planning.

SPECIAL STUDIES:

Cytomegalovirus (CMV) immunohistochemistry is negative for viral inclusions. Cytomegalovirus (CMV) immunohistochemistry reveals scattered positive cells confirming viral infection.

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