SURGICAL PATHOLOGY REPORT [SYNTHETIC]

ACCESSION #: UC-2025-38306
DATE OF PROCEDURE: 04/11/2025
DATE OF REPORT: 04/14/2025
REQUESTING PHYSICIAN: Dr. Luis Drake, Gastroenterology
PATHOLOGIST: Dr. Christine Doyle, Anatomic Pathology

CLINICAL HISTORY:

74 year old female with 3 month history of bloody diarrhea, abdominal pain, and urgency. Colonoscopy showed severe ulceration and spontaneous bleeding 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 5 tan-pink tissue fragments measuring 7 mm in aggregate.

B. Received in formalin labeled "sigmoid colon" are 5 tan-pink tissue fragments measuring 8 mm in aggregate.

C. Received in formalin labeled "descending colon" are 5 tan-pink tissue fragments measuring 7 mm in aggregate.

D. Received in formalin labeled "transverse colon" are 3 tan-pink tissue fragments measuring 2 mm in aggregate.

E. Received in formalin labeled "ascending colon" are 5 tan-pink tissue fragments measuring 5 mm in aggregate.

F. Received in formalin labeled "terminal ileum" are 6 tan-pink tissue fragments measuring 3 mm in aggregate.

All specimens are entirely submitted in 1 cassette(s).

MICROSCOPIC DESCRIPTION:

A. Rectal mucosa shows fulminant active chronic inflammation with diffuse neutrophilic cryptitis, crypt abscesses, and epithelial injury. The inflammatory process is limited to the mucosa without evidence of granulomas. Occasional apoptotic bodies are present in crypts.

B. Sigmoid colonic mucosa shows mild to moderate active chronic inflammation with diffuse neutrophilic cryptitis, crypt abscesses, and epithelial injury. The inflammatory process is limited to the mucosa without evidence of granulomas. Reactive epithelial changes are seen adjacent to areas of active inflammation. In addition to the chronic inflammatory changes, there are numerous neutrophils and pseudomembranes suspicious for superimposed Clostridioides difficile infection.

C. Descending colonic mucosa shows moderate active chronic inflammation with diffuse neutrophilic cryptitis, crypt abscesses, and epithelial injury. The inflammatory process is limited to the mucosa without evidence of granulomas. Mucosal edema and congestion are present.

D. Transverse colonic mucosa shows mild to moderate active chronic inflammation with marked crypt architectural distortion, numerous crypt abscesses, and complete goblet cell depletion. Lamina propria shows increased plasma cells and lymphocytes.

E. Ascending colonic mucosa shows mild active chronic inflammation with crypt architectural distortion and crypt abscesses. Basal plasmacytosis is prominent.

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

DIAGNOSIS:

A. Rectum, biopsy:

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

B. Sigmoid colon, biopsy:

- mild to moderate active chronic colitis with crypt architectural distortion and goblet cell depletion
- mild to moderate 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
- Features suggestive of superimposed Clostridioides difficile 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 pattern of inflammation is consistent with ulcerative colitis as evidenced by the continuous mucosal involvement with greatest intensity distally. The histologic features suggestive of superimposed Clostridioides difficile infection should be correlated with clinical presentation and stool testing.

SPECIAL STUDIES:

Periodic acid-Schiff (PAS) stain is negative for fungal organisms. Gram stain highlights numerous gram-positive bacilli morphologically consistent with Clostridioides difficile.

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