

# **SURGICAL PATHOLOGY REPORT [SYNTHETIC]**

**ACCESSION #:** UC-2025-87535

**DATE OF PROCEDURE:** 04/14/2025

**DATE OF REPORT:** 04/17/2025

**REQUESTING PHYSICIAN:** Dr. Peggy Bautista, Gastroenterology

**PATHOLOGIST:** Dr. Sarah Dawson, Anatomic Pathology

## **CLINICAL HISTORY:**

73 year old female with 2 month history of bloody diarrhea, abdominal pain, and urgency. Colonoscopy showed continuous erythema and friability from rectum to splenic 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 7 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 2 mm in aggregate.
- D. Received in formalin labeled "transverse colon" are 5 tan-pink tissue fragments measuring 3 mm in aggregate.
- E. Received in formalin labeled "ascending colon" are 3 tan-pink tissue fragments measuring 6 mm in aggregate.

F. Received in formalin labeled "terminal ileum" are 6 tan-pink tissue fragments measuring 8 mm in aggregate.

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

## **MICROSCOPIC DESCRIPTION:**

A. Rectal 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. Reactive epithelial changes are seen adjacent to areas of active inflammation.

B. Sigmoid colonic mucosa shows moderate 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. Basal plasmacytosis is prominent.

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. Lamina propria shows increased plasma cells and lymphocytes. The inflammatory pattern shows overlapping features of both ulcerative colitis and Crohn's disease.

D. Transverse colonic mucosa shows mild active chronic inflammation with crypt branching, crypt atrophy, and focal crypt abscesses. No evidence of dysplasia is identified. Areas of crypt dropout and lamina propria fibrosis are present, suggesting chronicity and possible treatment effect.

E. Ascending colonic mucosa shows mild to moderate active chronic inflammation with crypt architectural distortion and crypt abscesses. Mucosal edema and congestion are present.

F. Terminal ileal mucosa shows minimal increase in lamina propria lymphoplasmacytic infiltrates, likely reactive. 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:***

- moderate active chronic colitis with crypt architectural distortion and goblet cell depletion
- 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
- Changes consistent with chronicity and treatment effect
- 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 histologic findings show classic features of ulcerative colitis with diffuse crypt architectural distortion and diffuse mucosal inflammation. 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. Histologic features suggesting chronicity and treatment effect are present. Correlation with treatment history is recommended.

### **SPECIAL STUDIES:**

Periodic acid-Schiff (PAS) 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.\_