

# SURGICAL PATHOLOGY REPORT [SYNTHETIC]

**ACCESSION #:** UC-2025-26063

**DATE OF PROCEDURE:** 04/22/2025

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**REQUESTING PHYSICIAN:** Dr. Adam Harris, Gastroenterology

**PATHOLOGIST:** Dr. Jesse Walters, Anatomic Pathology

## CLINICAL HISTORY:

40 year old female with 5 year history of bloody diarrhea, abdominal pain, and urgency. Colonoscopy showed pancolitis with diffuse ulceration and spontaneous bleeding. 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 4 tan-pink tissue fragments measuring 5 mm in aggregate.
- B. Received in formalin labeled "sigmoid colon" are 6 tan-pink tissue fragments measuring 3 mm in aggregate.
- C. Received in formalin labeled "descending colon" are 6 tan-pink tissue fragments measuring 5 mm in aggregate.
- D. Received in formalin labeled "transverse colon" are 5 tan-pink tissue fragments measuring 5 mm in aggregate.
- E. Received in formalin labeled "ascending colon" are 5 tan-pink tissue fragments measuring 6 mm in aggregate.

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

All specimens are entirely submitted in 4 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. Mucosal edema and congestion are present.

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. Surface epithelium shows reactive changes.

C. Descending colonic mucosa shows moderate to severe active chronic inflammation with diffuse crypt architectural distortion, crypt abscesses, and goblet cell depletion. 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 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. Occasional Paneth cell metaplasia is noted.

F. Terminal ileal mucosa shows normal small intestinal mucosa with appropriate crypt to villous ratio. 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
- 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:***

- moderate to severe 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.

## **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.\_\_