

# SURGICAL PATHOLOGY REPORT [SYNTHETIC]

**ACCESSION #:** UC-2025-23542

**DATE OF PROCEDURE:** 04/15/2025

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

**REQUESTING PHYSICIAN:** Dr. Peter Davis, Gastroenterology

**PATHOLOGIST:** Dr. Amanda Wilson, Anatomic Pathology

## CLINICAL HISTORY:

19 year old female with 6 month 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 2 tan-pink tissue fragments measuring 8 mm in aggregate.
- B. Received in formalin labeled "sigmoid colon" are 6 tan-pink tissue fragments measuring 4 mm in aggregate.
- C. Received in formalin labeled "descending colon" are 2 tan-pink tissue fragments measuring 3 mm in aggregate.
- D. Received in formalin labeled "transverse colon" are 4 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 6 tan-pink tissue fragments measuring 2 mm in aggregate.

All specimens are entirely submitted in 6 cassette(s).

## **MICROSCOPIC DESCRIPTION:**

A. Rectal 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 apoptotic bodies are present in crypts.

B. Sigmoid colonic mucosa shows mild to moderate active chronic inflammation with crypt architectural distortion, lamina propria plasma cells, and basal plasmacytosis. 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 crypt branching, crypt atrophy, and focal crypt abscesses. The inflammatory process is limited to the mucosa without evidence of granulomas. Marked decrease in goblet cell population.

D. Transverse colonic mucosa shows moderate active chronic inflammation with crypt architectural distortion and crypt abscesses. Basal plasmacytosis is prominent.

E. Ascending colonic mucosa shows mild active chronic inflammation with crypt architectural distortion and crypt abscesses. Reactive epithelial changes are seen adjacent to areas of active inflammation. Terminal ileal mucosa shows mild active inflammation with neutrophilic cryptitis, likely representing backwash ileitis.

F. Terminal ileal mucosa shows normal small intestinal mucosa with preserved villous architecture. 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:***

- 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 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
- Mild active ileitis, consistent with backwash ileitis in the setting of ulcerative colitis
- 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 overall histologic features are characteristic of ulcerative colitis in the active phase. The mild ileal inflammation in the context of pancolitis is consistent with backwash ileitis, which can be seen in ulcerative colitis and does not necessarily indicate Crohn's disease.

## **SPECIAL STUDIES:**

Cytomegalovirus (CMV) immunohistochemistry is negative for viral inclusions.