

SURGICAL PATHOLOGY REPORT [SYNTHETIC]

ACCESSION #: UC-2025-63634

DATE OF PROCEDURE: 05/10/2025

DATE OF REPORT: 05/13/2025

REQUESTING PHYSICIAN: Dr. Susan Garcia, Gastroenterology

PATHOLOGIST: Dr. Jeremy Gutierrez, Anatomic Pathology

CLINICAL HISTORY:

64 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 6 tan-pink tissue fragments measuring 2 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 4 tan-pink tissue fragments measuring 5 mm in aggregate.
- D. Received in formalin labeled "transverse colon" are 2 tan-pink tissue fragments measuring 7 mm in aggregate.
- E. Received in formalin labeled "ascending colon" are 2 tan-pink tissue fragments measuring 7 mm in aggregate.

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

All specimens are entirely submitted in 5 cassette(s).

MICROSCOPIC DESCRIPTION:

A. Rectal mucosa shows moderate to severe active chronic inflammation with severe cryptitis, crypt architectural distortion, and mucosal ulceration. The inflammatory process is limited to the mucosa without evidence of granulomas. Basal plasmacytosis is prominent.

B. Sigmoid colonic mucosa shows moderate active chronic inflammation with crypt branching, crypt atrophy, and focal crypt abscesses. The inflammatory process is limited to the mucosa without evidence of granulomas. Occasional apoptotic bodies are present in crypts.

C. Descending 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. Mucosal edema and congestion are present.

D. Transverse colonic mucosa shows mild to moderate active chronic inflammation with diffuse crypt architectural distortion, crypt abscesses, and 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 apoptotic bodies are present in crypts.

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. The inflammatory pattern shows overlapping features of both ulcerative colitis and Crohn's disease.

DIAGNOSIS:

A. Rectum, biopsy:

- moderate to severe 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 to severe 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
- 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 presence of diffuse crypt architectural distortion, basal plasmacytosis, and continuous inflammatory pattern strongly supports the diagnosis of ulcerative colitis. 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.

SPECIAL STUDIES:

Grocott's methenamine silver (GMS) 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.