

# SURGICAL PATHOLOGY REPORT [SYNTHETIC]

**ACCESSION #:** UC-2025-76869

**DATE OF PROCEDURE:** 04/24/2025

**DATE OF REPORT:** 04/28/2025

**REQUESTING PHYSICIAN:** Dr. Pamela Murphy, Gastroenterology

**PATHOLOGIST:** Dr. Mary Casey, Anatomic Pathology

## CLINICAL HISTORY:

27 year old male with 1 year history of bloody diarrhea, abdominal pain, and urgency. Colonoscopy showed moderate inflammation with patchy erosions 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 6 tan-pink tissue fragments measuring 5 mm in aggregate.
- C. Received in formalin labeled "descending colon" are 3 tan-pink tissue fragments measuring 8 mm in aggregate.
- D. Received in formalin labeled "transverse colon" are 6 tan-pink tissue fragments measuring 2 mm in aggregate.
- E. Received in formalin labeled "ascending colon" are 4 tan-pink tissue fragments measuring 8 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 1 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 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. Surface epithelium shows reactive changes.

C. Descending colonic mucosa shows mild to moderate 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. Surface epithelium shows reactive changes.

D. Transverse colonic mucosa shows mild to moderate active chronic inflammation with marked crypt architectural distortion, numerous crypt abscesses, and complete goblet cell depletion. Surface epithelium shows reactive changes.

E. Ascending colonic mucosa shows mild to moderate active chronic inflammation with diffuse crypt architectural distortion, crypt abscesses, and goblet cell depletion. Occasional apoptotic bodies are present in crypts.

F. Terminal ileal mucosa shows essentially normal ileal mucosa with intact villous architecture and no active inflammation. 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:***

- 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:***

- mild to 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.

**SPECIAL STUDIES:**

Periodic acid-Schiff (PAS) stain is negative for fungal organisms.