

# **SURGICAL PATHOLOGY REPORT [SYNTHETIC]**

**ACCESSION #:** UC-2025-52856

**DATE OF PROCEDURE:** 05/10/2025

**DATE OF REPORT:** 05/14/2025

**REQUESTING PHYSICIAN:** Dr. Jessica Wolf, Gastroenterology

**PATHOLOGIST:** Dr. Bradley James, Anatomic Pathology

## **CLINICAL HISTORY:**

29 year old male with 5 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 2 tan-pink tissue fragments measuring 2 mm in aggregate.
- B. Received in formalin labeled "sigmoid colon" are 5 tan-pink tissue fragments measuring 8 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 4 tan-pink tissue fragments measuring 3 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 2 tan-pink tissue fragments measuring 3 mm in aggregate.

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

## **MICROSCOPIC DESCRIPTION:**

A. Rectal mucosa shows fulminant active chronic inflammation with crypt branching, crypt atrophy, and focal crypt abscesses. The inflammatory process is limited to the mucosa without evidence of granulomas. Mucosal edema and congestion are present.

B. Sigmoid colonic mucosa shows moderate to severe active chronic inflammation with diffuse neutrophilic cryptitis, crypt abscesses, and epithelial injury. 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 diffuse neutrophilic cryptitis, crypt abscesses, and epithelial injury. The inflammatory process is limited to the mucosa without evidence of granulomas. Occasional apoptotic bodies are present in crypts.

D. Transverse colonic mucosa shows mild active chronic inflammation with marked crypt architectural distortion, numerous crypt abscesses, and complete goblet cell depletion. Occasional apoptotic bodies are present in crypts.

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.

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:**

- fulminant active chronic colitis with crypt architectural distortion and goblet cell depletion
- fulminant consistent with ulcerative colitis
- No dysplasia identified
- No evidence of cytomegalovirus (CMV) infection

***B. Sigmoid colon, biopsy:***

- moderate to severe active chronic colitis with crypt architectural distortion and goblet cell depletion
- moderate to severe 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.

**SPECIAL STUDIES:**

No special stains were performed.