

SURGICAL PATHOLOGY REPORT [SYNTHETIC]

ACCESSION #: UC-2025-77632

DATE OF PROCEDURE: 04/01/2025

DATE OF REPORT: 04/04/2025

REQUESTING PHYSICIAN: Dr. Desiree Hurst, Gastroenterology

PATHOLOGIST: Dr. Douglas Brown DDS, Anatomic Pathology

CLINICAL HISTORY:

64 year old male with 1 year history of bloody diarrhea, abdominal pain, and urgency. Colonoscopy showed moderate erythema and loss of vascular pattern from rectum to descending colon. 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 4 mm in aggregate.
- B. Received in formalin labeled "sigmoid colon" are 2 tan-pink tissue fragments measuring 7 mm in aggregate.
- C. Received in formalin labeled "descending colon" are 5 tan-pink tissue fragments measuring 6 mm in aggregate.
- D. Received in formalin labeled "transverse colon" are 5 tan-pink tissue fragments measuring 2 mm in aggregate.
- E. Received in formalin labeled "ascending colon" are 2 tan-pink tissue fragments measuring 2 mm in aggregate.
- F. Received in formalin labeled "terminal ileum" are 3 tan-pink tissue fragments measuring 4 mm in aggregate.

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

MICROSCOPIC DESCRIPTION:

- A. Rectal mucosa shows moderate active chronic inflammation with diffuse cryptitis, diffuse crypt architectural distortion. The inflammatory process is limited to the mucosa without evidence of granulomas.

B. Sigmoid colonic mucosa shows moderate active chronic inflammation with diffuse cryptitis, crypt architectural distortion, and focal crypt abscesses. The inflammatory process is limited to the mucosa without evidence of granulomas. Mucosal edema and congestion are present

C. Descending colonic mucosa shows moderate active chronic inflammation with diffuse neutrophilic cryptitis, crypt architectural distortion, and focal crypt abscesses. The inflammatory process is limited to the mucosa without evidence of granulomas. Reactive epithelial changes are seen adjacent to areas of active inflammation

D. Transverse colonic mucosa shows moderate active chronic inflammation with severe cryptitis, crypt architectural distortion, and focal crypt abscesses. The inflammatory process is limited to the mucosa without evidence of granulomas.

E. Ascending colonic mucosa shows moderate chronic colitis with diffuse cryptitis, marked crypt distortion, and crypt abscesses. The inflammatory process is limited to the mucosa without evidence of granulomas. Occasional Paneth cell metaplasia is noted

F. Terminal ileal mucosa shows mild reactive changes. No evidence of chronic inflammatory bowel disease identified in this section.

DIAGNOSIS:

A. Rectum, biopsy:

- moderate active chronic colitis with ['crypt architectural distortion', 'marked crypt distortion', 'crypt branching and atrophy', 'diffuse crypt architectural distortion']
- 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', 'marked crypt distortion', 'crypt branching and atrophy', 'diffuse crypt architectural distortion']
- 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.

SPECIAL STUDIES:

No special stains were performed.

This is a synthetic educational pathology report created for AI training purposes. It does not represent a real patient case.