

# **SURGICAL PATHOLOGY REPORT [SYNTHETIC]**

**ACCESSION #:** UC-2025-82626

**DATE OF PROCEDURE:** 04/11/2025

**DATE OF REPORT:** 04/14/2025

**REQUESTING PHYSICIAN:** Dr. Andrew Hood, Gastroenterology

**PATHOLOGIST:** Dr. Cassidy Olson, Anatomic Pathology

## **CLINICAL HISTORY:**

39 year old female with 1 month 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 3 tan-pink tissue fragments measuring 6 mm in aggregate.
- B. Received in formalin labeled "sigmoid colon" are 2 tan-pink tissue fragments measuring 8 mm in aggregate.
- C. Received in formalin labeled "descending colon" are 5 tan-pink tissue fragments measuring 8 mm in aggregate.
- D. Received in formalin labeled "transverse colon" are 4 tan-pink tissue fragments measuring 5 mm in aggregate.
- E. Received in formalin labeled "ascending colon" are 3 tan-pink tissue fragments measuring 3 mm in aggregate.

F. Received in formalin labeled "terminal ileum" are 2 tan-pink tissue fragments measuring 8 mm in aggregate.

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

## **MICROSCOPIC DESCRIPTION:**

A. Rectal 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. Occasional Paneth cell metaplasia is noted. Areas of crypt dropout and lamina propria fibrosis are present, suggesting chronicity and possible treatment effect.

B. Sigmoid colonic mucosa shows mild to 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.

C. Descending 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. No evidence of dysplasia is identified.

D. Transverse colonic mucosa shows mild active chronic inflammation with diffuse crypt architectural distortion, crypt abscesses, and goblet cell depletion. Basal plasmacytosis is prominent.

E. Ascending colonic mucosa shows mild to moderate active chronic inflammation with diffuse crypt architectural distortion, crypt abscesses, and goblet cell depletion. No evidence of dysplasia is identified.

F. Terminal ileal mucosa shows normal small intestinal mucosa with appropriate crypt to villous ratio. No evidence of chronic inflammatory bowel disease identified in this section.

## **DIAGNOSIS:**

### ***A. Rectum, 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

- No evidence of cytomegalovirus (CMV) infection

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

- mild to moderate active chronic colitis with crypt architectural distortion and goblet cell depletion
- Changes consistent with chronicity and treatment effect
- mild to 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. Histologic features suggesting chronicity and treatment effect are present. Correlation with treatment history is recommended.

## **SPECIAL STUDIES:**

Immunohistochemical stain for p53 shows no evidence of dysplasia-associated molecular alterations.

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