

# **SURGICAL PATHOLOGY REPORT [SYNTHETIC]**

**ACCESSION #:** UC-2025-34260

**DATE OF PROCEDURE:** 05/01/2025

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

**REQUESTING PHYSICIAN:** Dr. Michael Freeman, Gastroenterology

**PATHOLOGIST:** Dr. Matthew Crosby, Anatomic Pathology

## **CLINICAL HISTORY:**

55 year old male with recent onset history of bloody diarrhea, abdominal pain, and urgency. Colonoscopy showed mild erythema and granularity limited to rectum and sigmoid 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 4 mm in aggregate.
- B. Received in formalin labeled "sigmoid colon" are 5 tan-pink tissue fragments measuring 3 mm in aggregate.
- C. Received in formalin labeled "descending colon" are 4 tan-pink tissue fragments measuring 6 mm in aggregate.
- D. Received in formalin labeled "transverse colon" are 3 tan-pink tissue fragments measuring 7 mm in aggregate.
- E. Received in formalin labeled "ascending colon" are 5 tan-pink tissue fragments measuring 3 mm in aggregate.

F. Received in formalin labeled "terminal ileum" are 2 tan-pink tissue fragments measuring 5 mm in aggregate.

All specimens are entirely submitted in 4 cassette(s).

## **MICROSCOPIC DESCRIPTION:**

A. Rectal mucosa shows severe active chronic inflammation with crypt architectural distortion, lamina propria plasma cells, and basal plasmacytosis. The inflammatory process is limited to the mucosa without evidence of granulomas. Surface epithelium shows reactive changes. Areas of crypt dropout and lamina propria fibrosis are present, suggesting chronicity and possible treatment effect.

B. Sigmoid colonic mucosa shows moderate to severe active chronic inflammation with crypt architectural distortion, lamina propria plasma cells, and basal plasmacytosis. The inflammatory process is limited to the mucosa without evidence of granulomas. Basal plasmacytosis is prominent.

C. Descending colonic mucosa shows moderate to severe 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 marked crypt architectural distortion, numerous crypt abscesses, and complete goblet cell depletion. Occasional Paneth cell metaplasia is noted.

E. Ascending colonic mucosa shows mild to moderate active chronic inflammation with crypt architectural distortion and crypt abscesses. Mucosal edema and congestion are present. Focally, the colonic epithelium shows nuclear enlargement, hyperchromasia, and architectural complexity suspicious for low-grade dysplasia.

F. Terminal ileal mucosa shows no significant pathologic abnormality. No evidence of chronic inflammatory bowel disease identified in this section.

## **DIAGNOSIS:**

### ***A. Rectum, biopsy:***

- severe active chronic colitis with crypt architectural distortion and goblet cell depletion
- severe 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
- Focal low-grade dysplasia identified
- moderate to severe consistent with ulcerative colitis
- No dysplasia identified

#### ***C-E. Descending, transverse, and ascending colon, biopsies:***

- moderate to severe active chronic colitis with crypt architectural distortion
- Changes consistent with chronicity and treatment effect
- 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 lack of granulomas, ileal involvement, and transmural inflammation favors ulcerative colitis over Crohn's disease. The presence of low-grade dysplasia warrants close clinical follow-up and surveillance colonoscopy according to established guidelines for IBD-associated dysplasia. 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. p53 immunohistochemical stain shows focal overexpression in areas of dysplasia.

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