

SURGICAL PATHOLOGY REPORT [SYNTHETIC]

ACCESSION #: UC-2025-87458

DATE OF PROCEDURE: 04/19/2025

DATE OF REPORT: 04/21/2025

REQUESTING PHYSICIAN: Dr. Stephanie Brennan, Gastroenterology

PATHOLOGIST: Dr. Leslie Pierce, Anatomic Pathology

CLINICAL HISTORY:

47 year old female with 2 month history of bloody diarrhea, abdominal pain, and urgency. Colonoscopy showed pancolitis with diffuse ulceration and spontaneous bleeding. 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 8 mm in aggregate.
- B. Received in formalin labeled "sigmoid colon" are 5 tan-pink tissue fragments measuring 7 mm in aggregate.
- C. Received in formalin labeled "descending colon" are 4 tan-pink tissue fragments measuring 7 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 6 tan-pink tissue fragments measuring 8 mm in aggregate.

F. Received in formalin labeled "terminal ileum" are 3 tan-pink tissue fragments measuring 8 mm in aggregate.

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

MICROSCOPIC DESCRIPTION:

A. Rectal mucosa shows moderate to severe active chronic inflammation with severe cryptitis, crypt architectural distortion, and mucosal ulceration. The inflammatory process is limited to the mucosa without evidence of granulomas. Occasional apoptotic bodies are present in crypts.

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. Occasional apoptotic bodies are present in crypts.

C. Descending colonic mucosa shows mild to 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.

D. Transverse colonic mucosa shows mild active chronic inflammation with diffuse crypt architectural distortion, crypt abscesses, and goblet cell depletion. Mucosal edema and congestion are present.

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 mild reactive lymphoid hyperplasia without evidence of chronic inflammatory bowel disease. 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:

- 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:

- 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 pattern of inflammation is consistent with ulcerative colitis as evidenced by the continuous mucosal involvement with greatest intensity distally.

SPECIAL STUDIES:

Acid-fast bacilli (AFB) stain is negative for mycobacterial organisms.

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