

SURGICAL PATHOLOGY REPORT [SYNTHETIC]

ACCESSION #: UC-2025-31419

DATE OF PROCEDURE: 04/12/2025

DATE OF REPORT: 04/14/2025

REQUESTING PHYSICIAN: Dr. Stephen Ramirez, Gastroenterology

PATHOLOGIST: Dr. Brittany Serrano, Anatomic Pathology

CLINICAL HISTORY:

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

F. Received in formalin labeled "terminal ileum" are 6 tan-pink tissue fragments measuring 2 mm in aggregate.

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

MICROSCOPIC DESCRIPTION:

A. Rectal mucosa shows moderate 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. Occasional apoptotic bodies are present in crypts.

B. Sigmoid colonic mucosa shows 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. Reactive epithelial changes are seen adjacent to areas of active inflammation.

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. Basal plasmacytosis is prominent.

D. Transverse colonic mucosa shows mild active chronic inflammation with crypt architectural distortion and crypt abscesses. No evidence of dysplasia is identified.

E. Ascending colonic mucosa shows mild active chronic inflammation with diffuse crypt architectural distortion, crypt abscesses, and goblet cell depletion. Surface epithelium shows reactive changes.

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. Terminal ileal mucosa shows mild active inflammation with neutrophilic cryptitis, likely representing backwash ileitis.

DIAGNOSIS:

A. Rectum, biopsy:

- moderate active chronic colitis with crypt architectural distortion and goblet cell depletion
- Mild active ileitis, consistent with backwash ileitis in the setting of ulcerative colitis
- 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 and goblet cell depletion
- 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 lack of granulomas, ileal involvement, and transmural inflammation favors ulcerative colitis over Crohn's disease. The mild ileal inflammation in the context of pancolitis is consistent with backwash ileitis, which can be seen in ulcerative colitis and does not necessarily indicate Crohn's disease.

SPECIAL STUDIES:

Grocott's methenamine silver (GMS) stain is negative for fungal organisms.

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