SURGICAL PATHOLOGY REPORT [SYNTHETIC]

ACCESSION #: UC-2025-95683
DATE OF PROCEDURE: 05/09/2025
DATE OF REPORT: 05/11/2025
REQUESTING PHYSICIAN: Dr. Jennifer Joseph, Gastroenterology
PATHOLOGIST: Dr. Regina Kelly, Anatomic Pathology

CLINICAL HISTORY:

24 year old female with 6 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 5 tan-pink tissue fragments measuring 7 mm in aggregate.

B. Received in formalin labeled "sigmoid colon" are 3 tan-pink tissue fragments measuring 4 mm in aggregate.

C. Received in formalin labeled "descending colon" are 6 tan-pink tissue fragments measuring 4 mm in aggregate.

D. Received in formalin labeled "transverse colon" are 6 tan-pink tissue fragments measuring 7 mm in aggregate.

E. Received in formalin labeled "ascending colon" are 3 tan-pink tissue fragments measuring 5 mm in aggregate.

F. Received in formalin labeled "terminal ileum" are 2 tan-pink tissue fragments measuring 4 mm in aggregate.

All specimens are entirely submitted in 2 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. Terminal ileal mucosa shows mild active inflammation with neutrophilic cryptitis, likely representing backwash ileitis.

B. Sigmoid colonic 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. Marked decrease in goblet cell population.

C. Descending 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. Reactive epithelial changes are seen adjacent to areas of active inflammation.

D. Transverse colonic mucosa shows moderate active chronic inflammation with crypt branching, crypt atrophy, and focal crypt abscesses. Marked decrease in goblet cell population.

E. Ascending colonic mucosa shows mild 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 mild non-specific inflammation without architectural distortion. No evidence of chronic inflammatory bowel disease identified in this section.

DIAGNOSIS:

A. Rectum, biopsy:

- moderate active chronic colitis with crypt architectural distortion and goblet cell depletion
- 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:

- 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
- Mild active ileitis, consistent with backwash ileitis in the setting of ulcerative colitis
- 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. 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:

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.