

# **SURGICAL PATHOLOGY REPORT [SYNTHETIC]**

**ACCESSION #:** UC-2025-79519

**DATE OF PROCEDURE:** 04/17/2025

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**REQUESTING PHYSICIAN:** Dr. Aaron Sherman, Gastroenterology

**PATHOLOGIST:** Dr. Robert Stewart, Anatomic Pathology

## **CLINICAL HISTORY:**

23 year old male with longstanding history of bloody diarrhea, abdominal pain, and urgency. Colonoscopy showed continuous erythema and friability 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 2 tan-pink tissue fragments measuring 8 mm in aggregate.
- B. Received in formalin labeled "sigmoid colon" are 6 tan-pink tissue fragments measuring 2 mm in aggregate.
- C. Received in formalin labeled "descending colon" are 3 tan-pink tissue fragments measuring 4 mm in aggregate.
- D. Received in formalin labeled "transverse colon" are 2 tan-pink tissue fragments measuring 3 mm in aggregate.
- E. Received in formalin labeled "ascending colon" are 4 tan-pink tissue fragments measuring 4 mm in aggregate.

F. Received in formalin labeled "terminal ileum" are 6 tan-pink tissue fragments measuring 4 mm in aggregate.

All specimens are entirely submitted in 6 cassette(s).

## **MICROSCOPIC DESCRIPTION:**

A. Rectal mucosa shows moderate to severe active chronic inflammation with marked epithelial injury, neutrophilic cryptitis, and basal lymphoplasmacytosis. The inflammatory process is limited to the mucosa without evidence of granulomas. Lamina propria shows increased plasma cells and lymphocytes.

B. Sigmoid colonic mucosa shows 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.

C. Descending colonic mucosa shows mild to 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. Surface epithelium shows reactive changes.

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

E. Ascending colonic mucosa shows mild to moderate active chronic inflammation with crypt architectural distortion and crypt abscesses. 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 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 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
- 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:**

No special stains were performed.