SURGICAL PATHOLOGY REPORT [SYNTHETIC]

ACCESSION #: UC-2025-66466
DATE OF PROCEDURE: 04/20/2025
DATE OF REPORT: 04/22/2025
REQUESTING PHYSICIAN: Dr. Mitchell Miller, Gastroenterology
PATHOLOGIST: Dr. Margaret Wolfe, Anatomic Pathology

CLINICAL HISTORY:

25 year old female with 2 week history of bloody diarrhea, abdominal pain, and urgency. Colonoscopy showed circumferential ulceration and pseudopolyps from rectum to mid-transverse 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 2 tan-pink tissue fragments measuring 3 mm in aggregate.

B. Received in formalin labeled "sigmoid colon" are 2 tan-pink tissue fragments measuring 6 mm in aggregate.

C. Received in formalin labeled "descending colon" are 5 tan-pink tissue fragments measuring 6 mm in aggregate.

D. Received in formalin labeled "transverse colon" are 6 tan-pink tissue fragments measuring 3 mm in aggregate.

E. Received in formalin labeled "ascending colon" are 2 tan-pink tissue fragments measuring 6 mm in aggregate.

F. Received in formalin labeled "terminal ileum" are 5 tan-pink tissue fragments measuring 7 mm in aggregate.

All specimens are entirely submitted in 1 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. No evidence of dysplasia is identified.

B. Sigmoid colonic mucosa shows mild to 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. Mucosal edema and congestion are present.

C. Descending colonic mucosa shows 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. Marked decrease in goblet cell population.

D. Transverse colonic mucosa shows moderate active chronic inflammation with marked crypt architectural distortion, numerous crypt abscesses, and complete goblet cell depletion. Mucosal edema and congestion are present. In addition to the chronic inflammatory changes, there are numerous neutrophils and pseudomembranes suspicious for superimposed Clostridioides difficile infection.

E. Ascending colonic mucosa shows mild to moderate active chronic inflammation with crypt architectural distortion and crypt abscesses. Reactive epithelial changes are seen adjacent to areas of active inflammation.

F. Terminal ileal mucosa shows minimal increase in lamina propria lymphoplasmacytic infiltrates, likely reactive. 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:

- mild to moderate active chronic colitis with crypt architectural distortion and goblet cell depletion
- Features suggestive of superimposed Clostridioides difficile infection
- mild to 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. Clinical correlation and follow-up biopsies are recommended to monitor disease activity and treatment response. The histologic features suggestive of superimposed Clostridioides difficile infection should be correlated with clinical presentation and stool testing.

SPECIAL STUDIES:

Periodic acid-Schiff (PAS) stain is negative for fungal organisms. Gram stain highlights numerous gram-positive bacilli morphologically consistent with Clostridioides difficile.

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