SURGICAL PATHOLOGY REPORT [SYNTHETIC]

ACCESSION #: UC-2025-23272
DATE OF PROCEDURE: 04/22/2025
DATE OF REPORT: 04/24/2025
REQUESTING PHYSICIAN: Dr. David Boyd, Gastroenterology
PATHOLOGIST: Dr. Brian Gates, Anatomic Pathology

CLINICAL HISTORY:

69 year old female with 6 month 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 7 mm in aggregate.

B. Received in formalin labeled "sigmoid colon" are 3 tan-pink tissue fragments measuring 7 mm in aggregate.

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

D. Received in formalin labeled "transverse colon" are 5 tan-pink tissue fragments measuring 2 mm in aggregate.

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

F. Received in formalin labeled "terminal ileum" are 4 tan-pink tissue fragments measuring 5 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 marked epithelial injury, neutrophilic cryptitis, and basal lymphoplasmacytosis. The inflammatory process is limited to the mucosa without evidence of granulomas. Occasional apoptotic bodies are present in crypts. Areas of crypt dropout and lamina propria fibrosis are present, suggesting chronicity and possible treatment effect.

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. No evidence of dysplasia is identified.

C. Descending 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.

D. Transverse colonic mucosa shows mild active chronic inflammation with diffuse crypt architectural distortion, crypt abscesses, and goblet cell depletion. Lamina propria shows increased plasma cells and lymphocytes.

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

F. Terminal ileal mucosa shows mild reactive changes. 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
- Changes consistent with chronicity and treatment effect

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

- moderate to severe 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 overall histologic features are characteristic of ulcerative colitis in the active phase. 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. Histologic features suggesting chronicity and treatment effect are present. Correlation with treatment history is recommended.

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.