

# **SURGICAL PATHOLOGY REPORT [SYNTHETIC]**

**ACCESSION #:** UC-2025-79902

**DATE OF PROCEDURE:** 04/23/2025

**DATE OF REPORT:** 04/27/2025

**REQUESTING PHYSICIAN:** Dr. Zachary Peters, Gastroenterology

**PATHOLOGIST:** Dr. Stephanie Sheppard, Anatomic Pathology

## **CLINICAL HISTORY:**

34 year old male with 10 year 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 4 tan-pink tissue fragments measuring 5 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 6 tan-pink tissue fragments measuring 7 mm in aggregate.
- D. Received in formalin labeled "transverse colon" are 4 tan-pink tissue fragments measuring 5 mm in aggregate.
- E. Received in formalin labeled "ascending colon" are 6 tan-pink tissue fragments measuring 2 mm in aggregate.

F. Received in formalin labeled "terminal ileum" are 6 tan-pink tissue fragments measuring 5 mm in aggregate.

All specimens are entirely submitted in 2 cassette(s).

## **MICROSCOPIC DESCRIPTION:**

A. Rectal mucosa shows severe 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. Lamina propria shows increased plasma cells and lymphocytes.

B. Sigmoid colonic mucosa shows severe 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.

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

D. Transverse colonic mucosa shows mild active chronic inflammation with crypt architectural distortion and crypt abscesses. Basal plasmacytosis is prominent.

E. Ascending colonic mucosa shows mild active chronic inflammation with crypt architectural distortion and crypt abscesses. Marked decrease in goblet cell population.

F. Terminal ileal mucosa shows mild reactive lymphoid hyperplasia without evidence of chronic inflammatory bowel disease. No evidence of chronic inflammatory bowel disease identified in this section. The inflammatory pattern shows overlapping features of both ulcerative colitis and Crohn's disease.

## **DIAGNOSIS:**

### **A. Rectum, biopsy:**

- severe active chronic colitis with crypt architectural distortion and goblet cell depletion
- severe consistent with ulcerative colitis
- No dysplasia identified
- No evidence of cytomegalovirus (CMV) infection

### ***B. Sigmoid colon, biopsy:***

- severe active chronic colitis with crypt architectural distortion and goblet cell depletion
- Features of chronicity consistent with inflammatory bowel disease, with overlapping features of both UC and CD
- severe 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 presence of diffuse crypt architectural distortion, basal plasmacytosis, and continuous inflammatory pattern strongly supports the diagnosis of ulcerative colitis. The histologic findings show overlapping features of both ulcerative colitis and Crohn's disease. This pattern may represent an 'indeterminate colitis' and correlation with clinical, endoscopic, and serologic markers is strongly recommended for further classification.

## **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.\_