

# **SURGICAL PATHOLOGY REPORT [SYNTHETIC]**

**ACCESSION #:** UC-2025-27821

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

**DATE OF REPORT:** 04/29/2025

**REQUESTING PHYSICIAN:** Dr. Katherine Keller, Gastroenterology

**PATHOLOGIST:** Dr. Steven Campos, Anatomic Pathology

## **CLINICAL HISTORY:**

28 year old male with 2 month history of bloody diarrhea, abdominal pain, and urgency. Colonoscopy showed severe friability, superficial ulcerations, and pseudopolyps throughout the 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 3 tan-pink tissue fragments measuring 5 mm in aggregate.
- B. Received in formalin labeled "sigmoid colon" are 4 tan-pink tissue fragments measuring 8 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 2 tan-pink tissue fragments measuring 2 mm in aggregate.

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

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

## **MICROSCOPIC DESCRIPTION:**

A. Rectal mucosa shows fulminant 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. Surface epithelium shows reactive changes.

B. Sigmoid colonic mucosa shows mild to 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 Paneth cell metaplasia is noted.

C. Descending colonic mucosa shows 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. Surface epithelium shows reactive changes. Rare cells with intranuclear and cytoplasmic inclusions suspicious for cytomegalovirus (CMV) infection are identified.

D. Transverse colonic mucosa shows mild to moderate active chronic inflammation with crypt branching, crypt atrophy, and focal crypt abscesses. Basal plasmacytosis is prominent.

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

F. Terminal ileal mucosa shows no significant pathologic abnormality. No evidence of chronic inflammatory bowel disease identified in this section.

## **DIAGNOSIS:**

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

- fulminant active chronic colitis with crypt architectural distortion and goblet cell depletion
- fulminant 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
- 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
- Viral cytopathic changes suspicious for cytomegalovirus (CMV) infection
- 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. Immunohistochemical staining for CMV is positive, confirming the presence of CMV infection. This may contribute to the severity of colitis and should be considered in treatment planning.

## **SPECIAL STUDIES:**

Grocott's methenamine silver (GMS) stain is negative for fungal organisms. Cytomegalovirus (CMV) immunohistochemistry reveals scattered positive cells confirming viral infection.

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