Clinical Report

Patient Information

- **Name:** Hannah Garcia
- **Date of Birth:** 10/15/1996
- **Age:** 28
- **Gender:** Female
- **Contact Information:** (555) 901-2345, hannah.g@email.com
- **Address:** 555 Blossom Court, Anytown, USA

Referring Physician

- Dr. David Chen, MD
- Family Medicine
- Anytown Community Clinic

Medical Institution

- Anytown University Hospital - Division of Gastroenterology
- **Report Date:** 07/18/2025

Clinical History and Background

Hannah Garcia is a 28-year-old elementary school teacher referred to our gastroenterology clinic for evaluation of a six-month history of escalating bloody diarrhea and abdominal pain. Ms. Garcia was in her usual state of excellent health until approximately six months ago when she noticed an increase in bowel frequency. The symptoms were initially mild and intermittent, but for the past eight weeks, they have become severe, persistent, and are now significantly impacting her ability to work and her overall quality of life. She has no significant past medical history. Her family history is negative for inflammatory bowel disease. She is a non-smoker and does not consume alcohol. She recently had to take a leave of absence from her teaching position due to the severity of her symptoms.

Current Symptoms & Patient-Reported Outcomes (PROs)

- **Bloody Diarrhea:**
    - **Patient's Description:** "I'm in the bathroom 15-20 times a day, and it feels like every time, it's just blood and mucus. It’s scary and exhausting. I can't be far from a bathroom, ever."
    - **Severity:** Severe. The frequency and hematochezia (visible blood) are causing significant distress and anxiety.
    - **Duration:** Occurring daily for the past eight weeks, with progressively more blood.

    - **Clinical Note:** Frequent, bloody, small-volume diarrhea is the cardinal symptom of ulcerative colitis (UC), reflecting severe inflammation of the colonic mucosa.
- **Urgency and Tenesmus:**
    - **Patient's Description:** "I have this constant, painful feeling that I need to go to the bathroom, even if I just went. The urgency is so sudden I can barely make it in time. Even at night, I'm up every hour or two."
    - **Severity:** Severe. This is perhaps her most debilitating symptom, leading to sleep deprivation and social isolation.
    - **Duration:** Constant for the past two months.
    - **Clinical Note:** Tenesmus (the feeling of incomplete evacuation) and urgency are classic signs of severe rectal inflammation (proctitis).
- **Abdominal Pain:**
    - **Patient's Description:** "It's a cramping pain in my lower abdomen, mostly on the left side. It gets much worse right before I have to run to the bathroom."
    - **Severity:** Moderate to severe, rated 7/10 during episodes.
    - **Duration:** Worsening over the past two months.
    - **Clinical Note:** The cramping pain is typical of UC and is associated with the inflamed colon contracting.
- **Fatigue and Weight Loss:**
    - **Patient's Description:** "I am so profoundly tired I feel like I have the flu every day. I've also lost about 15 pounds because I have no appetite and feel sick all the time."
    - **Severity:** Severe. The fatigue and weight loss have made it impossible for her to keep up with the demands of her job.
    - **Duration:** Progressively worsening over three months.
    - **Clinical Note:** These systemic symptoms are driven by the inflammatory burden, chronic blood loss leading to anemia, and poor nutrition.

Clinical Findings

- **Vital Signs:**
    - **Blood Pressure:** 105/65 mmHg
    - **Heart Rate:** 100 bpm (tachycardic)
    - **Respiratory Rate:** 18 breaths/min
    - **Temperature:** 99.5°F (37.5°C)
- **Physical Examination:**
    - **General:** Patient is pale, thin, and appears exhausted. Mucous membranes are slightly dry.
    - **Abdomen:** Mildly distended. There is significant tenderness to palpation in the left lower quadrant and suprapubic region without rebound or guarding.
- **Laboratory Results:**
    - **Complete Blood Count (CBC):** Hemoglobin 9.5 g/dL, Hematocrit 28% (microcytic anemia, consistent with iron deficiency from chronic blood loss).
    - **Erythrocyte Sedimentation Rate (ESR):** 60 mm/hr (Normal 0-20 mm/hr) - *Markedly elevated*.

    - **C-reactive Protein (CRP):** 7.2 mg/dL (Normal < 1.0 mg/dL) - *Markedly elevated*.
    - **Iron Studies:** Ferritin 8 ng/mL (low), TIBC elevated, Iron saturation low. Confirms iron deficiency.
    - **Fecal Calprotectin:** >2000 ug/g (Normal < 50 ug/g) - *Extremely high, indicating severe intestinal inflammation*.
    - **Stool Studies:** Negative for infectious pathogens, including C. difficile.
- **Endoscopy:**
    - **Colonoscopy:** Examination revealed continuous, circumferential inflammation starting in the rectum and extending proximally through the entire colon to the cecum. The mucosa was erythematous, edematous, and friable (bled easily on contact). There was a complete loss of the normal vascular pattern and diffuse ulcerations. The terminal ileum was normal.
    - **Biopsy Results:** Histopathology from multiple colonic segments showed severe chronic active colitis with crypt architectural distortion, a basal plasmacytosis, and numerous crypt abscesses. There were no granulomas.

Diagnosis

Ms. Garcia's presentation is a textbook case of **Ulcerative Colitis**. The diagnosis is confirmed by the clinical symptoms, laboratory markers of severe inflammation and anemia, and the endoscopic and histologic findings. Based on the extent of disease seen on colonoscopy, she has **Extensive Colitis (Pancolitis)**, with moderate-to-severe activity.

Treatment Strategy

The immediate goals are to induce remission, stop the bleeding, resolve her debilitating symptoms, and correct her anemia.

1. **Induction of Remission:**
    - **Corticosteroids:** A course of oral prednisone (40mg daily) will be initiated immediately to gain rapid control of the severe, extensive inflammation. A slow taper schedule will be planned over 8-10 weeks.
    - **Mesalamine (5-ASA):** We will concurrently start a high-dose oral mesalamine (a 5-ASA agent) which will become her primary maintenance therapy. To provide maximal topical effect to the most inflamed distal area, we will also add a mesalamine suppository or enema to be used nightly.
2. **Supportive Care:**
    - **Iron Replacement:** She will be started on oral iron supplementation to treat her iron deficiency anemia. Her ability to tolerate and absorb oral iron will be monitored.
3. **Maintenance of Remission:**
    - The plan is to taper her off prednisone completely, leaving her on the oral and/or rectal mesalamine for long-term maintenance. The importance of adherence to this medication to prevent future flares was stressed. If she is unable to taper off

steroids or has another severe flare, escalation to biologic therapy would be the next step.

Summary and Plan

Ms. Hannah Garcia is a 28-year-old female with a new diagnosis of moderate-to-severe extensive ulcerative colitis (pancolitis). Her life has been severely disrupted by this disease. We have initiated an aggressive medical plan to induce remission using corticosteroids and 5-ASA agents. We have provided extensive education on the diagnosis, the treatment plan, and the chronic nature of UC, while also providing reassurance that effective treatments are available to restore her quality of life.

Follow-up

Close follow-up is critical. We will have a telephone check-in in one week and an in-person follow-up appointment in three weeks to assess her clinical response to therapy, monitor her laboratory values, and reinforce her treatment plan. She has been provided with contact information to call if her symptoms worsen.