Clinical Report

Patient Information

- **Name:** Maria Flores
- **Date of Birth:** 07/03/1988
- **Age:** 37
- **Gender:** Female
- **Contact Information:** (555) 666-7777, maria.flores.teacher@email.com
- **Address:** 82 Blossom Hill Road, Anytown, USA

Referring Physician

- Dr. Amina Khan, MD
- Primary Care Physician
- City Health Medical Group

Medical Institution

- Anytown Gastroenterology Specialists
- **Report Date:** 07/18/2025

Clinical History and Background

Maria Flores is a 37-year-old high school history teacher referred for evaluation of a seven-month history of progressive bloody diarrhea. Ms. Flores was in her usual excellent health until early this year when she experienced an episode of what she thought was "a bad stomach bug." However, the diarrhea persisted, and over the past four months, has become constant and is now consistently bloody. The symptoms have reached a severity that significantly interferes with her ability to teach and manage her classroom. Her past medical history is unremarkable. She has no family history of inflammatory bowel disease. She is a non-smoker and does not consume alcohol.

Current Symptoms & Patient-Reported Outcomes (PROs)

- **Bloody Diarrhea:**
    - **Patient's Description:** "I'm going to the bathroom at least 10 to 12 times a day. It's almost always urgent, and I see bright red blood mixed with mucus every single time. It's alarming and exhausting."
    - **Severity:** Severe. The combination of frequency, urgency, and visible blood is causing significant physical and psychological distress.
    - **Duration:** Progressively worsening over seven months.
    - **Clinical Note:** Frequent, bloody, small-volume stools are the cardinal manifestation of ulcerative colitis, reflecting widespread mucosal inflammation.
- **Tenesmus and Urgency:**

    - **Patient's Description:** "The urgency is the worst part. It comes out of nowhere, and I have to run. I also have this constant, nagging feeling that I need to go, even if I just went a few minutes before. It's impossible to feel comfortable."
    - **Severity:** Severe. This symptom complex is highly disruptive to her work and social life and causes major anxiety.
    - **Duration:** Constant for the past four months.
    - **Clinical Note:** Tenesmus is a classic sign of severe rectal inflammation (proctitis), which is almost universally present in UC.
- **Crampy Abdominal Pain:**
    - **Patient's Description:** "I get intense cramping in my lower belly, mostly on the left side, that comes right before a wave of diarrhea. Once I go, the pain eases up for a little while."
    - **Severity:** Moderate, rated 6/10. It is predictable but debilitating during episodes.
    - **Duration:** Present for the last four months.
    - **Clinical Note:** This cramping pain is characteristic of an inflamed and irritable colon.
- **Fatigue and Anemia:**
    - **Patient's Description:** "I am so tired I can barely function. I feel weak and lightheaded sometimes, and my PCP told me I was anemic from the blood loss. I feel completely drained of energy."
    - **Severity:** Severe. The fatigue is impacting her ability to stand and teach for long periods.
    - **Duration:** Progressively worsening over the past four months.
    - **Clinical Note:** The systemic inflammatory state combined with chronic blood loss leads to significant fatigue and iron deficiency anemia.

Clinical Findings

- **Vital Signs:**
    - **Blood Pressure:** 110/70 mmHg
    - **Heart Rate:** 95 bpm (mildly tachycardic)
    - **Respiratory Rate:** 16 breaths/min
    - **Temperature:** 99.1°F (37.3°C)
- **Physical Examination:**
    - **General:** Patient is pale but not in acute distress.
    - **Abdomen:** Soft, with moderate tenderness to palpation over the left lower quadrant and suprapubic area. No masses or organomegaly. Bowel sounds are active.
- **Laboratory Results:**
    - **Complete Blood Count (CBC):** Hemoglobin 9.8 g/dL, Hematocrit 30%. MCV is low, consistent with microcytic anemia due to iron deficiency.
    - **Iron Studies:** Low Ferritin, low serum iron, high TIBC.
    - **Erythrocyte Sedimentation Rate (ESR):** 55 mm/hr (Elevated).
    - **C-reactive Protein (CRP):** 5.9 mg/dL (Elevated).

    - **Fecal Calprotectin:** >1900 ug/g (Extremely high, confirming severe colonic inflammation).
    - **Stool Pathogen Panel:** Negative for C. difficile, Salmonella, Shigella, E. coli, etc.
- **Endoscopy:**
    - **Flexible Sigmoidoscopy:** Performed in the office for initial diagnosis. The examination revealed continuous, confluent inflammation starting at the anal verge and extending proximally as far as the scope could reach (splenic flexure). The mucosa was severely erythematous, edematous, and friable, with spontaneous bleeding and a complete loss of the normal vascular pattern. Numerous ulcerations were noted.
    - **Biopsy Results:** Histopathology from the rectum and sigmoid colon showed severe chronic active colitis with cryptitis, crypt abscess formation, and distorted crypt architecture, with no granulomas. Findings are classic for Ulcerative Colitis.

Diagnosis

Ms. Flores has a clear diagnosis of **Ulcerative Colitis**. Based on the sigmoidoscopy findings, she has at least **Left-Sided Colitis**, with moderate-to-severe activity based on her clinical symptoms and objective biomarkers of inflammation.

Treatment Strategy

The goals are to induce rapid clinical remission, stop the rectal bleeding, heal the colonic mucosa, and resolve her anemia and fatigue.

1. **Induction Therapy:**
    - **Oral & Topical Mesalamine (5-ASA):** We will start a combination therapy to provide maximal effect. She will start a high-dose oral mesalamine formulation daily. In addition, to target the severe distal inflammation, she will use a mesalamine suppository or enema nightly.
    - **Corticosteroids:** Given the severity of her symptoms and inflammation, a course of oral prednisone, starting at 40mg daily, will be initiated to gain rapid control. We have discussed a clear tapering schedule to get her off steroids within 8-12 weeks.
2. **Maintenance Therapy:**
    - The goal is for her to remain in remission long-term on the 5-ASA therapy alone. The critical importance of adhering to the maintenance medication even when feeling well was stressed to prevent future flares.
3. **Supportive Care:**
    - **Iron Supplementation:** She will be started on an oral iron supplement to replete her iron stores and treat her anemia.

Summary and Plan

Ms. Maria Flores is a 37-year-old female with a new diagnosis of moderate-to-severe left-sided ulcerative colitis. Her symptoms are severely impacting her quality of life and her ability to work. We have initiated a multi-pronged induction therapy with oral and topical 5-ASA agents combined with a course of oral corticosteroids to gain rapid control of her disease. Our long-term goal is to achieve a durable, steroid-free remission on maintenance mesalamine therapy.

Follow-up

We will have a telephone check-in in one week and a clinic follow-up in three weeks to assess her response to treatment and monitor for any side effects. We will repeat her blood work in four weeks to check for improvement in her anemia and inflammatory markers. A full colonoscopy will be scheduled once her acute inflammation has subsided to determine the full proximal extent of her disease.