

Pt. Name:	هبة فواز طاهر محمد سلام		Lab Number:	2099-2026	
Pt. Age:	22 years.	Gender:	Female	Received date:	2026-04-08
Referred By:	د/ عقيل الشامي		Reported date:	2026-04-09	

PATHOLOGY REPORT

Clinical Information.	A patient presenting with abdominal pain, weight loss, and markedly elevated fecal calprotectin (>2000) was found on colonoscopy to have diffuse cobblestone-like mucosa, loss of vascular pattern, and widespread fibrin-coated ulcers throughout the entire colon, strongly indicating severe inflammatory bowel disease.
Nature of specimen.	Endoscopic biopsies.

GROSS:

Two biopsies were received:

- 1- Colon: soft tissue fragments collectively measured 1 cm, totally embedded.
- 2- Ileum: soft tissue fragments collectively measured 0.8 cm, totally embedded.

MICROSCOPIC:

Sections of the colonic and ileal mucosa show marked architectural distortion with crypt branching and dropout. The lamina propria contains a dense, transmucosal chronic active inflammatory infiltrate, featuring basal plasmacytosis and numerous neutrophils, associated with partial mucosal ulceration replaced by fibrino-purulent exudate and underlying granulation tissue.

DIAGNOSIS:

Colonic and iliac mucosal biopsies:

- Severe chronic active ileocolitis with extensive ulceration.
- In conjunction with the endoscopic findings of cobblestone mucosa and undermined ulcers, the clinicopathologic picture is highly suggestive of Crohn's disease.

Comment:

?The combination of the clinical presentation (weight loss, remarkably elevated calprotectin >2000), specific endoscopic findings (cobblestone mucosa, undermined ulcers, and terminal ileum involvement), and histologic features strongly favors a diagnosis of Crohn's disease over Ulcerative Colitis.

?While non-caseating granulomas—a classic histologic hallmark of Crohn's—are not explicitly identified in these superficial mucosal biopsies, their absence does not exclude the diagnosis. The overall pattern of severe, chronic active mucosal injury aligns with the endoscopic impression. Clinical correlation with stool studies is recommended to definitively exclude superimposed infectious etiologies (such as cytomegalovirus or specific enteric pathogens) that can occasionally mimic or complicate severe acute flares of inflammatory bowel disease.

Pathologist

Prof. Dr. Neveen Tahoun, MD, PhD

09-04-2026

Nereen Tahoun

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