Department of Pathology
Faculty of Medicine
University of Kelaniya

Histopathology Laboratory Service

Report No: FMK-2507/2024

Name	: Mr.H.A.L.P.Pinnawala	Age	: 46 yrs
Clinic	: GE (NCTH)	Received Date	: 13-12-2024
Clinic No	: 1551/24	Reported Date	: 03-01-2025

HISTOPATHOLOGY REPORT

Specimen : A) Terminal ileum B) Cecum C) Ascending colon D) Transverse colon E) Descending colon F) Sigmoid colon G) Rectum H)Ascending colon polyp

Macroscopy : A) Two tissue fragments measure 4 mm and 3mm in maximum dimension.
B) Two tissue fragments, each measure 4 mm in maximum dimension.
C) Two tissue fragments measure 6 mm and 3mm in maximum dimension.
D) Two tissue fragments measure 7mm and 2mm in maximum dimension.
E) Two tissue fragments measure 4 mm and 3mm in maximum dimension.
F) Two tissue fragments, each measures 3 mm in maximum dimension.
G) Two tissue fragment measure 4mm and 2mm in maximum dimension.
H) Four tissue fragments measure 4mm, 4mm, 4mm and 3mm.

Microscopy : A) Sections show ileal mucosa with intact crypt villous architecture. Lamina propria shows markedly increased eosinophils. Neutrophils are not present. No cryptitis, crypt abscesses, granuloma formation, increase in intraepithelial lymphocytes, subepithelial collagen band widening, organism, dysplasia or malignancy is seen.

B-G) B to G biopsies show more or less same features, hence are described together. There are sections of large bowel mucosa exhibiting mild glandular distortion, mucin depletion and basal plasmacytosis. There are few scattered neutrophils in lamina propria with focal cryptitis. Crypt abscesses are not present. None of these mucosal biopsies shows organisms, granuloma formation, metaplasia, dysplasia or malignancy. With the given history these features are compatible with ulcerative colitis with mild activity. Nancy histological index 2.

H) Sections show four fragments of colonic mucosa with three of them reveal an invasive carcinoma composed of irregular, complex and fused glands lying in a desmoplastic stroma. These are lined by atypical cuboidal to columnar cells containing moderately pleomorphic enlarged round to oval hyperchromatic nuclei and a moderate eosinophilic cytoplasm. Mitotic activity is increased and few atypical mitotic figures are seen. Few singly infiltrating similar atypical cells are also identified. These histological features are in keeping with an invasive adenocarcinoma. Surface epithelium of these fragments show a focal villiform architecture and the lining epithelial cells show enlarged, elongated, hyperchromatic, crowded nuclei with pseudostratifications. Other fragment shows unremarkable colonic mucosal tissue.

Conclusion : A) Terminal ileum B) Cecum C) Ascending colon D) Transverse colon E) Descending colon F) Sigmoid colon G) Rectum H)Ascending colon polyp -
A) Ileal mucosa within normal limits
B) - G) Chronic colitis with mild activity, in keeping with previously diagnosed ulcerative colitis with mild activity (Nancy histological index 2)
H) Feature are in keeping with an invasive adenocarcinoma

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Histopathology Laboratory Service

Report No: FMK-0536/2025

Name	: Dr. H. A. L. P. Pinnawala	Age	: 47 yrs
Ward	: 41 (NCTH)	Received Date	: 04-03-2025
BHT	: 26727/25	Reported Date	: 25-04-2025

HISTOPATHOLOGY REPORT

Specimen : Right hemicolectomy specimen

Macroscopy : This is a right hemicolectomy specimen comprising the terminal ileum [80 mm in length and the proximal ileal resection margin (PRM) measuring 25 mm in diameter] and the caecum and the ascending colon [220 mm in length and the distal colonic resection margin (DRM) measuring 30 mm in diameter]. The serosal surface is smooth. There is a brown colour polypoidal tumour, 35 mm from the ileocaecal valve and 160 mm from the DRM, which measures 25 mm in length. The cut surface of the tumour shows focal myxoid areas. Macroscopically, the tumour appears confined to the muscle wall. The non-peritonealized resection margin is well away from the tumour. The caecal and colonic mucosa shows focal flattened areas. The appendix is 55x10 mm, and the cut sections show brown colour material within the lumen.

Twenty-five (25) lymph nodes are retrieved from the pericolic fatty tissue, the largest measuring 8 mm in maximum diameter.

Microscopy : The tumour comprises closely packed atypical glandular structures in a desmoplastic stroma. These glands are lined by moderately pleomorphic atypical columnar cells with increased mitoses. Around 30-40% of the tumour shows extracellular mucin pools. These features are compatible with a well-differentiated adenocarcinoma of the colon with a mucinous component. The mucosa adjacent to the tumour shows features of high-grade dysplasia. There is moderate host lymphoid response around the tumour. The tumour focally infiltrates the muscularis propria. No evidence of pericolic fatty tissue infiltration. Lymphovascular or perineural invasion is not seen. The non-peritonealized resection margin, PRM and DRM are not involved by the tumour.

The flattened mucosa of the background colon shows mild to moderate crypt distortion, a heavy chronic inflammatory cell infiltate in the lamina propria admixed with neutrophils and reactive changes in the crypt epithelium. These features are compatible with ulcerative colitis. These changes involve the DRM, which shows no definite evidence of dysplasia.

One of the twenty-five lymph nodes show metastatic tumour deposits (1/25).

Conclusion : Right hemicolectomy specimen -
Well-differentiated adenocarcinoma with a mucinous component.
Maximum tumour diameter: 25 mm
Tumour infiltrates the muscularis propria
Lymphovascular invasion: Not present
Perineural invasion: Not present
Resection margins are not involved;
The nearest longitudinal resection margin (PRM) clearance: 115 mm

The rest of the colon show features of ulcerative colitis.
The features of ulcerative colitis are seen in the DRM, which shows no definite evidence of dysplasia.

One of the twenty-five pericolic lymph nodes show metastatic tumour deposits (1/25).

Pathological tumour stage: pT2N1

Note: Wax block for molecular studies if indicated : Block F

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