

scopic findings?

Dr. Daniel Chin:

The surgical specimen we received well corresponded to earlier colonoscopic disclosures as stated above (Fig. 2). Particularly, numerous foci of blood clots, intestinal mural indurations of various severities, multicentric surface erosions/ulcers, and mucosal fragility. Multiple ricochet lesions were perceived over the colonic mucosa, measuring up to 3.7

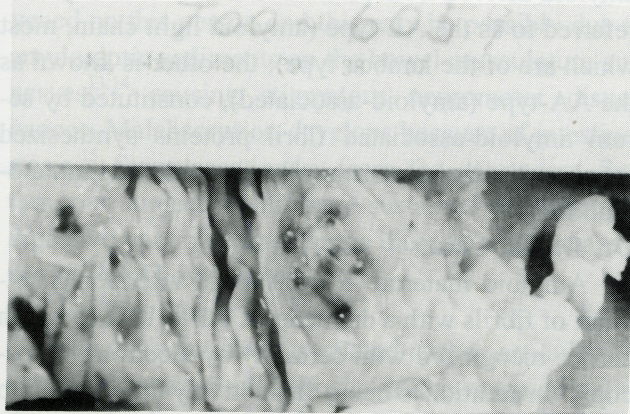


Fig. 2. Colonic specimen received displaying random erosions, ulcers, and loss of plications, topped often by hemorrhage. Muscularis propria thickening and fibrosis of the paracolic fat were noted during sectioning.

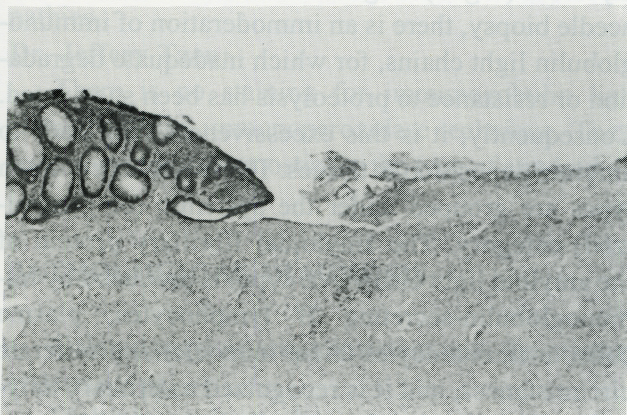


Fig. 3. Edge of colon erosion showing glandular atrophy juxtaposed to an area with complete mucosal loss. The mucosa/submucosa show marked inflammation and hemorrhage. Conspicuous blood vessels with thickened muscular wall are perceived in the submucosa. (H & E, $\times 40$).

cm in greatest diameter. Occasionally, a waxy consistency was noted inculcating the aforementioned areas upon serial sectioning. Paracolic fibrosis is noticed in foci (Fig. 3).

Dr. Be-Fen Chen:

Microscopically, the slides displayed multiple, transmural features. The lesion appearances varied from mucosal flattening, erosion, or frank ulceration, to punctate or spotty hemorrhagic foci (Figs. 3, 4).

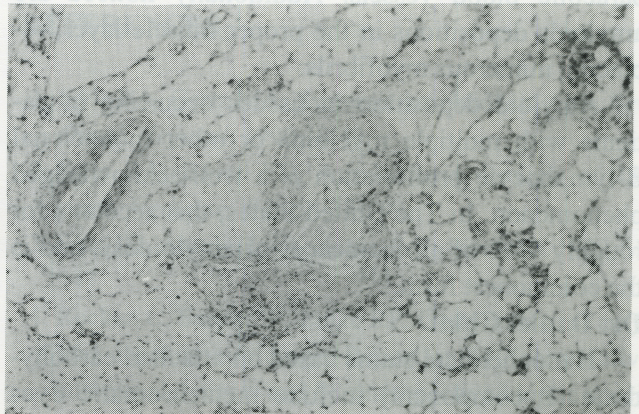


Fig. 4a. Observed in the surrounding colonic adipose tissue are blood vessels with distorted and thickened muscular layer. Some mononuclear leukocytic permeation is noticed. (Congo red, $\times 200$).

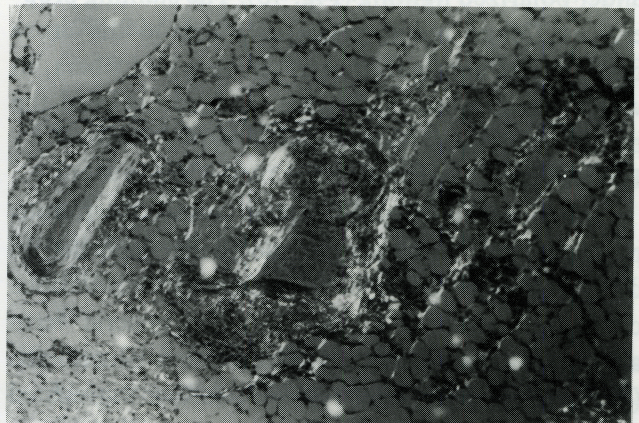


Fig. 4b. Birefringence phenomenon. Same view as Fig. 4a but under polarized light. Although the birefringence is classically described as apple-green, the spectrum of hues actually range from apple-green to orange to salmon pink. This is largely dependent on the degree of polarization. (Congo red with polarized light, $\times 200$).