

Atypical features of ulcerative colitis

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Bullet Points

- Indeterminate colitis (IC) is not a specific disease entity and has no discrete pathologic criteria.
- A diagnosis of IC (chronic IBD; unknown etiology) should only be entertained upon evaluation of resection specimens and after all clinical, endoscopic, radiologic, serologic and previous biopsy material has failed to help identify a clear cause of the patients colitis.
- Most causes of "IC" represent fulminant colitis, in which some features of ulcerative colitis and Crohn's colitis (CC) overlap (relative rectal sparing, deep ulcers, transmural inflammation), and can be treated safely by an ileo-anal pouch procedure.
- There are several circumstances (ex. post therapy, pediatric patients), in which biopsies of ulcerative colitis patients may reveal Crohn's-like features (skip lesions, granulomas, rectal sparing, ileitis). Thus, in the post-treatment setting, separation of UC from CC in colonoscopic biopsies is not possible in most instances.
- On occasion, other chronic disorders, such as colonic ischemia, microscopic colitis, diversion colitis, Behçet's disease, among others, may mimic the features of IBD in biopsies and/or resection specimens. Knowledge of the clinical and endoscopic findings (ex. bloody or non-bloody diarrhea, normal vs. abnormal endoscopy), in addition to close evaluation of specific pathologic features (ex. subepithelial collagen layer, vascular thrombi, marked lymphoid hyperplasia) can help separate these disorders.

Handout

Reprint attached: Yantiss RK, Odze RD. Diagnostic difficulties in inflammatory bowel disease pathology. *Histopathology*. 48(2):116-32, 2006.