A 45-year-old man was admitted for pain in the upper right abdominal quadrant that had been evolving for months. His previous medical history was unremarkable. The physical examination showed a painful and tense abdomen in the right hypochondrium but the rest was pain free. Biological analysis showed an inflammatory syndrome (C-reactive protein 29.54 mg/L). Liver enzymology and urine analysis showed an inflammation. Sporadic cases of Fitz-Hugh–Curtis syndrome have been reported associated with pelvic inflammatory disease. The causative pathogens are Neisseria gonorrhoeae or Chlamydia trachomatis, but the bacteriology remained negative in the rare cases reported in males [2], as in our patient.

A quinolone- and metronidazole-based treatment was administered. The pain resolved partially after the adhesiolysis, as often described [3,4]. Bacteriological analysis of perihepatic membrane biopsies, ascites, and urine samples remained negative. The intradermal reaction was negative. The culture on the Löwenstein medium remained negative. Peritoneal lavage and literature review did not reveal any other cause.

References
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