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 inflammatory syndrome. Sporadic cases of Fitz-Hugh-Curtis syndrome have been reported as associated with pyelonephritis, complicated appendicitis, or mimicking cholecystitis: value of new ultrasound findings in the differential diagnosis. Ultraschall Med 2005; 26: 227–230

Fitz-Hugh–Curtis syndrome is exceptional in men: typically, it affects sexually active women [2, 8]. In general, it is 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.

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Corresponding author
Stéphanie Rouhard, MD
Department of Gastroenterology
Clinique St Luc
Rue St Luc 8
5004 Bouge
Namur
Belgium
Stephanie_rouhard@hotmail.com

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Stéphanie Rouhard1, Philippe Maldague1, Adrien Ramboux2
1 Department of Gastroenterology, Clinique St Luc, Bouge, Namur, Belgium
2 Department of Surgery, Clinique St Luc, Bouge, Namur, Belgium

Fig. 1 CT scan: fluid in the perihepatic space in a 45-year-old man with Fitz-Hugh–Curtis syndrome.

Fig. 2 Celioscopy: “violin string” adhesions, a finding specific for Fitz-Hugh–Curtis syndrome.

Fig. 1

Fig. 2

A45-year-oldmanwasadmittedforpaininthetopperightabdominalquadrantthathadbeenevolvingformonths.Hispreviousmedicalhistorywasunremarkable.Thephysicalexaminationshowedapainfulandtenseabdomenintherighthypochondriumbuttherestwaspainfree.Biologicalanalysisshowedaninflammatorysyndrome(C-reactiveprotein29.54mg/L).Liverenzymologyandurineandbloodculturewereinactive.AbdominalultrasonographyandCTscan(Fig.1)showedthepresenceoffluidintheperihepaticspace,therightparacolicgutter,andtheDouglascul-de-sac.Celioscopy(Fig.2)showedaninflamedliverparietalperitoneumwith“violinstring”adhesions,whicharespecificforFitz-Hugh–Curtis syndrome[1,2].Aquinolone- and metronidazole-basedtreatmentwasadministered.Thepainresolvedpartiallyaftertheadhesiolysis,asoftendescribed[3,4].Bacteriologicalanalysisofperihepaticmembranebiopsies,ascites,andurinesamplesremainednegative. The intradermal reaction was negative. The culture on the Löwenstein medium remained negative. Peritoneal carcinomatosis was excluded by histological analysis. Sporadic cases of Fitz-Hugh–Curtis syndrome have been reported associated with pyelonephritis, complicated by appendicitis, or mimicking cholecystitis, but these diagnoses were excluded in our case[5–7]. Fitz-Hugh–Curtis syndrome is exceptional in men: typically, it affects sexually active women[2,8]. In general, it is 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.