Fitz-Hugh–Curtis syndrome in a man

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 (C-reactive protein 29.54 mg/L). Liver enzymology and urine remained negative. Peritoneal medium remained negative. Peritoneal cytology and blood culture were negative. Abdominal ultrasonography and CT scan (Fig. 1) showed the presence of fluid in the perihepatic space, the right paracolic gutter, and the Douglas cul-de-sac. Celioscopy (Fig. 2) showed an inflamed liver parietal peritoneum with “violin string” adhesions, which are specific for Fitz-Hugh–Curtis syndrome [1,2].

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 cytology and blood culture were negative. The intradermal reaction was negative. The culture on the Löwenstein medium remained negative. Peritoneal cytology and blood culture were negative. The intradermal reaction was negative. The culture on the Löwenstein medium remained negative. Peritoneal cytology and blood culture were negative. The intradermal reaction was negative. The culture on the Löwenstein medium remained negative. Peritoneal cytology and blood culture were negative. The intradermal reaction was negative. The culture on the Löwenstein medium remained negative. Peritoneal cytology and blood culture were negative.

Competing interests: None

References
4 Fitz-Hugh T. Acute gonococcal peritonitis of the right upper quadrant in women. JAMA 1934; 102: 2094 – 2096

Bibliography
DOI http://dx.doi.org/10.1055/s-0033-1358804
Endoscopy 2014; 46: E1
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

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

Endoscopy_UCTN_Code_CCL_1AG_2AD