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 samples remained negative. Peritoneal fluid was aspirated, and the Douglas cul-de-sac. Celioscopy showed an inflamed liver medium remained negative. Peritoneal fluid analysis showed an inflamed perihepatic space, the right paracolic gutter, and the Douglas cul-de-sac. Celioscopy showed an inflamed liver medium remained negative. Peritoneal fluid analysis was excluded by histological analysis. Sporadic cases of Fitz-Hugh–Curtis syndrome have been reported associated with pyelonephritis, complicated by appendicitis, or mimicking cholecystitis: value of new ultrasound findings in the differential diagnosis. Ultraschall Med 2005; 26: 227–230

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 fluid analysis of perihepatic membrane biopsy showed the presence of fluid in the perihepatic space in a 45-year-old man with Fitz-Hugh–Curtis syndrome.

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. 2 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 samples remained negative. Peritoneal fluid was aspirated, and the Douglas cul-de-sac. Celioscopy showed an inflamed liver medium remained negative. Peritoneal fluid analysis showed an inflamed perihepatic space, the right paracolic gutter, and the Douglas cul-de-sac. Celioscopy showed an inflamed liver medium remained negative. Peritoneal fluid analysis was excluded by histological analysis. Sporadic cases of Fitz-Hugh–Curtis syndrome have been reported associated with pyelonephritis, complicated by appendicitis, or mimicking cholecystitis: value of new ultrasound findings in the differential diagnosis. Ultraschall Med 2005; 26: 227–230

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

Bibliography
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