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 free. Biological analysis showed an inflammatory syndrome.

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 literature review. Case Rep Surg 2012, article ID 457272 showed an inflamed liver.

References
4 Fitz-Hugh T. Acute gonococcic 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