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 cytology analysis showed an inflamed liver 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.

**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.

**References**


**Bibliography**

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**Competing interests:** None

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**Fitz-Hugh–Curtis syndrome in a man**