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 increased transaminase level, whereas the liver function test remained normal. The blood culture remained negative. The intradermal reaction was negative. Peritoneal lavage and blood culture were negative. Abdominal ultrasonography and CT scan showed an inflamed liver, 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.

References

Bibliography
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