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 were negative. Peritoneal fluid remained negative. Peritoneal lavage was negative. The intradermal reaction was negative. The culture on the Löwenstein medium remained negative. Peritoneal fluid analysis showed an inflamed liver (Fig. 1). The ultrasound showed the presence of fluid in the perihepatic space (Fig. 1). The CT scan showed fluid in the perihepatic space in a 45-year-old man with Fitz-Hugh–Curtis syndrome (Fig. 1).

Celioscopy (Fig. 2) showed an inflamed liver parietal peritoneum with “violin string” adhesions, which are specific for Fitz-Hugh–Curtis syndrome. The presence of fluid in the perihepatic space 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.

A quinolone- and metronidazole-based treatment was administered. The pain resolved partially after the adhesiolysis, as often described [3,4]. Bacteriological analysis of peritoneal fluid showed no bacteria, no ascites, and urine samples remained negative. The intradermal reaction was negative. The culture on the Löwenstein medium remained negative. Peritoneal lavage was negative. The intradermal reaction was negative. The culture on the Löwenstein medium remained negative. Peritoneal lavage was negative. The intradermal reaction was negative. The culture on the Löwenstein medium remained negative. Peritoneal fluid analysis showed an inflamed liver (Fig. 1). The ultrasound showed the presence of fluid in the perihepatic space (Fig. 1). The CT scan showed fluid in the perihepatic space in a 45-year-old man with Fitz-Hugh–Curtis syndrome (Fig. 1).

Celloscopy (Fig. 2) showed an inflamed liver parietal peritoneum with “violin string” adhesions, which are specific for Fitz-Hugh–Curtis syndrome. The presence of fluid in the perihepatic space 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.

Competing Interests: None

References


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