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 free. Biological analysis showed an inflammatory syndrome (C-reactive protein 29.54 mg/L). Liver enzymology and urine samples remained negative. The culture on the Löwenstein medium remained negative. Peritoneal inflammatory syndrome have been reported as associated with pyelonephritis. Hospital das Clinicas da FMUSP 2012; 67; 1493 – 1495


References
3 Peter NG, Clark LR, Jaeger JR. Fitz-Hugh-Curtis syndrome: a diagnosis to consider in women with right upper quadrant pain. Cleveland Clin J Med 2004; 71; 233 – 239
4 Fitz-Hugh T. Acute gonococcal peritonitis of the right upper quadrant in women. Jama 1934; 102; 2094 – 2096

Bibliography
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Fitz-Hugh–Curtis syndrome in a man

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.