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 inflammatory syndrome (C-reactive protein free. Biological analysis showed an inflammatory syndrome (C-reactive protein

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–Jensen medium remained negative. Peritoneal cytology and literature review. Case Rep Surg 2012, article ID 457272

References


4 Fitz-Hugh T. Acute gonococcal peritonitis of the right upper quadrant in women. Jama 1934; 102: 2094 – 2096


Bibliography

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Competing interests: None

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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.