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 free. Biological analysis showed an inflammatory syndrome (C-reactive protein 29.54 mg/L). Liver enzymology and urine samples remained negative. Peritoneal lavage was negative. The culture on the Löwenstein medium remained negative. Peritoneal fluid was aspirated. The intradermal reaction was negative. The blood cultures remained negative. The bacteriology remained negative in the patient.

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

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DOI http://dx.doi.org/10.1055/s-0033-1358804
Endoscopy 2014; 46: E1
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Competing interests: None

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Fitz-Hugh–Curtis syndrome

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.