

AB166. 26. Fitz-Hugh-Curtis syndrome in a female patient presenting with right-sided abdominal pain

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Background: Fitz-Hugh-Curtis (FHC) syndrome is inflammation of the liver capsule which is a consequence of underlying infection, commonly from *N. gonorrhoea* or *C. trachomatis*. It was first described in the 1930's by Thomas Fitz-Hugh and Arthur Curtis when the characteristic "violin-like" adhesions were associated with underlying gonococcal disease. It commonly causes right upper quadrant pain which can mimic hepato-biliary pathology.

Methods: We present the case of a 30-year-old female who was referred to the emergency department by her general practitioner with right sided abdominal pain over the previous two weeks with associated nausea and lethargy. The pain was predominantly localised to the right iliac fossa and right upper quadrant, which worsened leading up to her

presentation.

Results: The initial workup was unremarkable; full blood count, urea & electrolytes, liver function tests, C-reactive protein and amylase. Ultrasonography showed a cystic lesion in the liver, which magnetic resonance imaging (MRI) confirmed to be a haemangioma. Computed tomography (CT) abdomen and pelvis was normal. The patient was taken for diagnostic laparoscopy, which revealed violin like adhesions between the liver capsule and the diaphragm, similar to those seen in the well described, but rare FHC syndrome. Adhesiolysis was performed and a high vaginal swab was taken to culture the causal organism. The patient received cefuroxime and commenced a two-week course of doxycycline. The pain resolved post-adhesiolysis.

Conclusions: Pelvic inflammatory disease and FHC should be considered as a differential for right sided abdominal pain in young women. Difficulty in diagnosis is frequently encountered as many investigations yield no results.

Keywords: Abdominal pain; adhesions; Fitz-Hugh-Curtis (FHC); pelvic inflammatory disease

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