Fitz-Hugh-Curtis syndrome

Kiyoshi Shikino, Masatomi Ikusaka

Department of General
Medicine, Chiba University
Hospital, Chiba, Japan

Correspondence to
Dr Kiyoshi Shikino,
kshikino@gmail.com

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DESCRIPTION

A 29-year-old woman presented with 2 days of right upper abdominal pain. The pain worsened with deep breathing and body movements, which radiated to the right shoulder. Physical examination revealed tenderness on palpation of the right upper abdomen and tenderness to percussion of the lower ribs. Endocervical culture revealed *Chlamydia trachomatis*. Abdominal contrast-enhanced CT showed conspicuous increased perihepatic enhancement on the right lobe of the liver (figures 1 and 2). Fitz-Hugh-Curtis syndrome was diagnosed, which improved after azithromycin was administered.

Fitz-Hugh-Curtis syndrome is considered a rare complication of pelvic inflammatory disease, mostly associated with *C. trachomatis*. The right upper abdominal pain appears as the main symptom and becomes more severe in response to deep breathing and body movements. Occasionally, the pain may radiate to the right shoulder. The increased enhancement along the hepatic surface on CT has been described as a finding that can suggest the diagnosis of Fitz-Hugh-Curtis syndrome.¹

Figure 1 Contrast-enhanced CT (axial) showed conspicuous increased perihepatic enhancement on the right lobe of the liver (arrows).

Figure 2 Contrast-enhanced CT (coronal) showed conspicuous increased perihepatic enhancement on the right lobe of the liver (arrows).

Learning points

- ▶ Fitz-Hugh-Curtis syndrome present right upper abdominal pain worsened with deep breathing and body movements.
- ▶ The increased enhancement along the hepatic surface on CT is a characteristic finding of Fitz-Hugh-Curtis syndrome.

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