

## Fitz Hugh Curtis Syndrome in a menopausal Arab woman of 51-year old -A Rare Case Report

Dr.M.Scott Arockia Singh<sup>1</sup>, Dr.Salih Ibrahim Al Azzawi<sup>2</sup>

<sup>1</sup>Department of General & Laparoscopic Surgery: Badr Al Samaa Hospital, Salalah, Sultanate of Oman.

<sup>2</sup>Resident Medical Officer. Badr Al Samaa Hospital, Salalah, Sultanate of Oman.

Corresponding Author: Dr.M.Scott Arockia Singh

**Abstract:** We report an interesting case of Fitz- Hugh Curtis Syndrome (FHCS) in a 51-year-old Arab woman with a concomitant gallstone disease. She presented to us with recurrent right hypochondrial pain of 2 years duration, exacerbated by deep breathing, cough, and hiccups not associated with vomiting or nausea. Ultrasound showed tiny 2mm gallstones. Laparoscopy revealed extensive perihepatic “violin string” like adhesions and underwent Laparoscopic Adhesiectomy with Cholecystectomy .FHCS affects the adolescent, sexually active women and in men as well. Till date, only one case reported in a 56yr old female with Fitz Hugh Curtis Syndrome from Mexico<sup>[1]</sup>. To our knowledge, this is the second instance, such a case reported in a 51 year-old woman postmenopausal status with single partner.

**Keywords:** Fitz Hugh Curtis Syndrome ,Perihepatitis ,Right hypochondrial pain

Date of Submission: 06-02-2018

Date of acceptance: 24-02-2018

### I. Introduction

Fitz Hugh -Curtis Syndrome (FHCS) is a perihepatitis disease caused by Chlamydia trachomatis or Neisseria gonorrhoea and extension of pelvic inflammation<sup>[2]</sup> it is also known as “ Bacterial perihepatitis” or “Veneral perihepatitis” . It is a disease affecting mainly women of child bearing age with a prevalence of 4- 27 % in patients with pelvic inflammatory disease<sup>[3]</sup>. It presents atypically in most of the patients without pelvic symptoms and signs .The diagnosis of this condition is always challenging ,USG ,CT scans can be helpful in some cases. Due to hematolymphatic and peritoneal spread, the bacteria reach the liver area and causes severe perihepatic and liver capsular inflammation.

### II. Case Report

Arab woman ( 51 –year old) ,single partner ,8 children,diabetic ,menopausal status referred to us from a general practitioner with history of chronic right hypochondrial pain . The pain was sharp and constant in nature exacerbated by coughing, bending and sleeping posture. She consumed painkillers regularly over the counter and consulted by many doctors nearly past 5 years. She denied a history of nausea, vomiting or fever. There was no definite tenderness elicited in the right hypochondrial region .Rest of examination was unremarkable. Ultrasound showed 2mm two stones in the gallbladder and prepared for Laparoscopic Cholecystectomy. Liver function tests, Serum Amylase levels and Complete blood counts were within normal limits.Peroperatively, we found extensive perihepatic adhesions of typical “Violin string” like adhesions between the anterior, lateral aspect of the right lobe of liver surface and anterior abdominal wall peritoneum as shown in fig 1. Laparoscopic Adhesiectomy along with Cholecystectomy done. The gallbladder surface was normal without signs of inflammation. Uterus, tubes and ovaries were grossly normal.

Postoperative period was uneventful .She was discharged with Tablet Doxycycline 100mg twice daily for 7 days and remained symptom free for the past 1 year.

### III. Discussion

Most of the patients with FHCS present with right hypochondrial pain along with fever, headache, malaise, lower abdominal pain or vaginal discharge. It commonly occurs in sexually active young women of childbearing age. Our patient is Menopausal status of 50 years old presented with isolated right hypochondrial pain, lives with a single partner. She did not have constitutional symptoms like fever, headache, malaise, vaginal discharge or dysuria. In patients with FHCS, There may be elevated ESR, CRP levels, normal or elevated WBC counts with altered liver enzyme levels<sup>[4]</sup>. Our patient had mildly elevated total WBC count of 12400 K/ uL and rest of laboratory values of C-Reactive Protein,Liver Function tests, and ESR were within normal limits. Ultrasound has limited role in the diagnosis of FHCS and laparoscopy proved beyond the gold standard for the definite diagnostic tool for FHCS<sup>[4]</sup>. Ultrasound helps in the exclusion of gall stone diseases, pneumonia or pyelonephritis. CT plain and contrast scans can assist in the diagnosis<sup>[5]</sup>, sensitivity of 88% and specificity of 95% and is not freely available in rural areas.

We clinched the diagnosis with its typical “violin string”like adhesion appearance around the liver by laparoscopy. This finding is the characteristic of the disease especially in the chronic phase of the FHCS<sup>(6)</sup>. However, violin string like lesions are also noticed in familial Mediterranean fever and diaphragmatic endometriosis<sup>(7,8)</sup>. Familial Mediterranean fever is an autosomal recessive disease with features of fever and serositis which is not in our case. Diaphragmatic endometriosis is associated with infertility which is unlikely in our patient. The patient was not willing to undergo further advanced diagnostic tests like ligase chain reaction, nucleic acid amplification, ELISA (enzyme linked immunosorbent assay), PCR (polymerase chain reaction) for the diagnosis of chlamydia trachomatis due to the cost factor. These tests are most sensitive and specific tests for the microbiological diagnosis of Chlamydia Trachomatis<sup>[9]</sup>.

Ofloxacin is the drug of choice for chlamydia trachomatis and Neisseria gonorrhoea infections. If medical treatment fails, then Laparoscopic Adhesiotomy provides complete relief from the chronic disabling painful disease<sup>[10]</sup>.

#### IV. Conclusion

High index of suspicion is the hallmark for the diagnosis of FHCS. Prompt diagnosis and early treatment of this uncommon condition gives immediate relief to patients. Diagnostic laparoscopy considered as a diagnostic tool in female patient with chronic persistent right hypochondrialgia. Hope this article create caution among general practitioners, physicians and surgeons about this condition.

#### Acknowledgement

We thank the nurses of our hospital.

#### References

- [1]. Pardon AG, Martínez GDA Fitz-Hugh-Curtis Syndrome. A case in an elderly woman Cirujano Gen 2008; 30 (2) (Spanish journal)
- [2]. Theofanakis CP, Kyriakidis AV. Fitz-Hugh-Curtis syndrome. Gynecol Surg. 2011;8(2):129–134. doi: 10.1007/s10397-010-0642-8.
- [3]. Peter NG, Clark LR, Jaeger JR. Fitz-Hugh-Curtis syndrome: a diagnosis to consider in women with right upper quadrant pain. Cleve Clin J Med. 2004;71:233–239.
- [4]. Malkin JE, Prazuck T, Bogard M, Bianchi A, Cessot G, De Fanti AS, et al. Screening of Chlamydia trachomatis genital infection in a young Parisian population. Sex Transm Infect. 1999;75(3):188–189. doi: 10.1136/sti.75.3.188.
- [5]. Nishie A, Yoshimitsu K, Irie H, Yoshitake T, Aibe H, Tajima T, et al. Fitz-Hugh-Curtis syndrome radiologic manifestation. J Comput. 2003;27(5):786–791
- [6]. Watanabe M, Tanaka S, Ono M, Hamamoto S, Niigaki M, Uchida Y, et al. Laparoscopic observations of hepatic capsular abnormalities: non-postoperative adhesions and hepatic capsular thickening. GastrointestEndosc. 1999;50:664–666.
- [7]. Romero-Gomez M, Corpas R, Sanchez-Munoz D, Grande L, Caballero V. Familial Mediterranean fever mimicking Fitz-Hugh-Curtis syndrome. Am J Gastroenterol. 2003;98:701.
- [8]. Takeuchi H, Kitade M, Sakurai A, Kikuchi I, Kumakiri J, Kinoshita K. Fitz-Hugh and Curtis syndrome-like diaphragmatic endometriosis. FertilSteril. 2005;83:1039–1040.
- [9]. Woo SY, Il Kim J, Cheung DY, Cho SH, Park SH, Han JY, et al. Clinical outcome of Fitz-Hugh-Curtis syndrome mimicking acute biliary disease. World J Gastroenterol. 2008;14(45):6975–6980. doi: 10.3748/wjg.14.6975
- [10]. NadjaGp, Liana RC, Jeffrey RJ. Fitz Hugh-Curtis syndrome: A diagnosis to consider in women with Right Upper Quadrant pain. Cleveland Clinical J Med. 2004;4(3):233–239.

**Figure 1:** Intraoperative picture shows the “Violin String” like adhesions



Dr.M.Scott Arockia Singh "Fitz Hugh Curtis Syndrome in a menopausal Arab woman of 51- year old -A Rare Case Report.". "IOSR Journal of Dental and Medical Sciences (IOSR-JDMS), Volume 17, Issue 2 (2018). PP 55-56.