Fitz Hugh Curtis Syndrome: The zebra amongst the horses with right upper quadrant abdominal pain

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Introduction

Fitz-Hugh -Curtis syndrome (FHCS) is a perihepatitis caused by inflammation of the liver and adjacent peritoneal structures due to genital tract infections. Chlamydia trachomatis and Neisseria gonorrhoeae are commonly isolated microbes. FHCS usually manifests as right upper quadrant (RUQ) pain masquerading like other hepatobiliary and gastrointestinal conditions. Hence, FCHS can be missed without a high index of suspicion.

FCHS occurs more often in women of reproductive age. The complications of untreated patients with Fitz-Hugh-Curtis syndrome include infertility and bowel obstruction due to adhesions in the peritoneum.

We present a case of RUQ pain in a patient with no reported vaginal discharge diagnosed with Fitz-Hugh -Curtis syndrome.

Case presentation

A 22year old young woman with a past medical history of anxiety and panic disorder presented to the emergency room with a one-month history of intermittent right upper quadrant pain, which had worsened in the last three days before presentation. She described a sharp pain, 10/10 in intensity, that radiated to her right shoulder. She also reported episodes of non-bloody and non bilious vomiting. The patient denied a history of PUD, hepatitis, vaginal discharge, or pelvic pain.

Initial vital signs showed tachycardia with a heart rate of 104. On examination, she had mild tenderness in the right upper quadrant of the abdomen.

Initial labs showed no leukocytosis, white blood cell count of 10,000, hemoglobin 12, platelet count of 272,000, liver function test was normal with AST 9, ALT of 7, alkaline phosphatase of 62, total bilirubin of < 0.2, lipase 20, acute hepatitis panel was negative, electrolytes were within normal limits, and pregnancy test was negative.

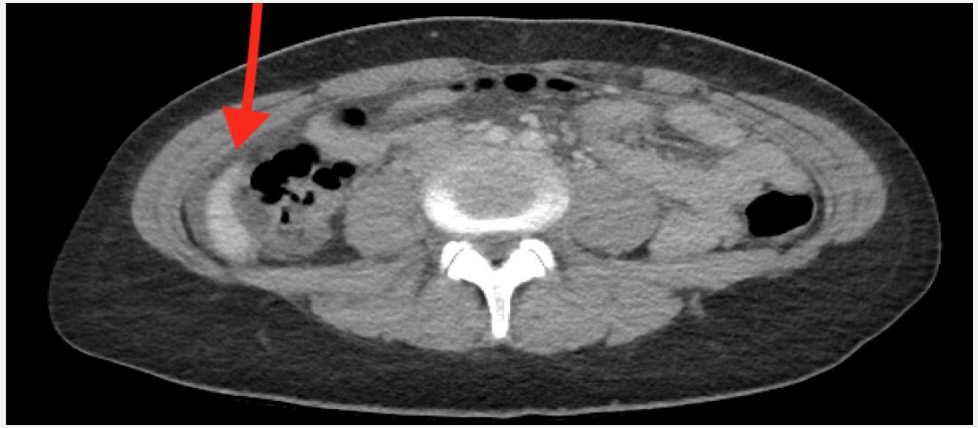

Figure 1: A computerized tomography scan of the abdomen with an arrow showing small ascites adjacent to the inferior aspect of the liver

Case presentation

Ultrasound of the RUQ was unremarkable. A computerized tomography scan of the chest and abdomen showed small ascites adjacent to the inferior aspect of the right lobe of the liver and in the dependent portion of the lower pelvis (See Fig 1).

The patient was started on PPI daily. Upper endoscopy was performed, which showed mild gastritis negative for H. pylori. NAAT for gonorrhea and chlamydia was positive for chlamydia. The patient and her partner were treated with doxycycline with complete resolution of her symptoms.

Conclusion

FCHS is an infrequent cause of RUQ abdominal pain in women of reproductive age. Physicians should maintain a high index of suspicion in young women with referred RUQ abdominal pain to the right shoulder to help prevent extraneous workup and treatment.