

INTRODUCTION

Fitz-Hugh-Curtis syndrome (FHCS), is a chronic manifestation of PID. It is described as an inflammation of the liver capsule, without the involvement of the liver parenchyma, with adhesion formation accompanied by right upper quadrant pain. Final diagnosis can be made through laparoscopy/laparotomy via direct visualization of violin string-like adhesions.

AIMS / OBJECTIVES

AIM : To describe a case of FITZ HUGH CURTIS SYNDROME and its outcome.

OBJECTIVES :

- Describe the risk factors for developing FHCS.
- Outline the typical presentation of a patient with FHCS.
- Describe the typical studies that should be ordered in the evaluation of FHCS

MATERIALS / METHODS

23 year old nulliparous woman with previous h/o missed abortion came for evaluation of infertility. Her HSG showed bilateral tubal blockage (done on 01/06/2023). We underwent Diagnostic Laparoscopy & reported FHCS

HSG (1/6/23): B/L cornual block

USG Abdomen&Pelvis(10/7/23):
 Uterus: 7 X 3.9 X 3 cm, anteverted, Right ovary: 3.3 X 3 X 2.3 cm, Left ovary: 3.2 X 2.5 X 3 cm, Endometrial thickness: 14 mm, **Impression: B/L Polycystic ovarian morphology**

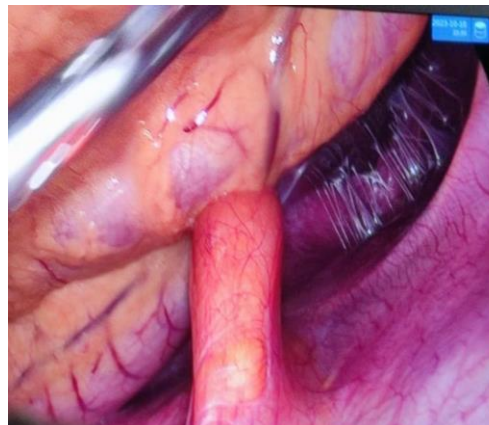
Husband semen analysis(12/8/23):
 Normal

RESULTS

Diagnostic Hysteroscopy was done on 18/10/2023.

Intra-op findings:

- No spillage of dye from both tubes: **B/L cornual block**
- Flimsy adhesions between uterus and ovaries
- Adhesions between uterus and anterior abdominal wall seen
- Violin string adhesions between diaphragm and liver: **FITZ HUGH CURTIS SYNDROME**



DISCUSSION

FHCS is an uncommon manifestation of PID involving around 4% of adolescents

Chlamydia trachomatis is the most common pathogen involved.

Laparoscopy is the gold standard & can be diagnosed directly via visualization of **VIOLIN STRING** adhesions between the diaphragm & liver or liver & anterior abdominal wall.

Antibiotic coverage should target most common organisms, *Chlamydia trachomatis*, and *Neisseria gonorrhoeae*. Most commonly, **ceftriaxone** and **azithromycin** are adequate for the control of gonococcal and chlamydial infections.

CONCLUSION

FHCS is a chronic manifestation of PID. The goals of treatment are to relieve symptoms, eradicate the infection, and minimize risks of long-term sequelae (infertility or ectopic pregnancy).

REFERENCES

1. Shikino K, Ikusaka M. Fitz-Hugh-Curtis syndrome. BMJ Case Rep. 2019 Feb 13;12(2) [PMC free article] [PubMed]
2. Khine H, Wren SB, Rotenberg O, Goldman DL. Fitz-Hugh-Curtis Syndrome in Adolescent Females: A Diagnostic Dilemma. Pediatr Emerg Care. 2019 Jul;35(7):e121-e123. [PubMed]
3. Kimball MW, Knee S. Gonococcal perihepatitis in a male. The Fitz-Hugh-Curtis syndrome. N Engl J Med. 1970 May 07;282(19):1082-4 [PubMed]