

Dolor en el cuadrante superior derecho en una mujer joven. Detrás de los cálculos biliares

Right upper quadrant pain in a young woman. Beyond gallstones

ABSTRACT

We present a medical image that remarks the clinical and radiological key facts that can lead to the diagnosis of the relatively uncommon Fitz-Hugh-Curtis syndrome, that might be overlooked if the physician remains unaware of the referred findings. It also enhances the importance of multidisciplinary collaboration when taking care of a patient with an uncommon clinical presentation.

CASE REPORT

A 21-year-old woman was admitted for right upper abdominal quadrant pain that started two weeks before, had become increasingly worse and exacerbated with respiration. She had no fever, jaundice, or any other symptoms, either remarkable medical condition. Blood pressure was 84/47 mmHg, heart rate 68 bpm and temperature 36.3°C. Abdomen was tender on palpation in the right upper quadrant, but without diffuse rebound tenderness. The remaining exam and blood tests were unrevealing. Abdominal ultrasound showed a mild enlargement of the hepatic capsule, with free fluid in the right para-colic gutter, but a normal gallbladder and biliary tree. Abdominal computed tomography (CT) evidenced capsular enhancement on the anterior surface of the liver (red arrows, figure 1), along with peritoneal effusion in the cul de sac, although no evident uterine or ovarian affection. A diagnosis of perihepatitis was made. As it is frequently associated with pelvic inflammatory disease (PID), the so-called Fitz-Hugh-Curtis syndrome (FHCS), colposcopy and transvaginal ultrasound were performed -without relevant findings-, and samples of endocervical and urethral exudate were collected. Chlamydia trachomatis was identified with the multiplex polymerase chain reaction (PCR) assay. Oral doxycycline (plus a single dose of ceftriaxone) was prescribed, achieving rapid relief of symptoms.

DISCUSSION

Fitz-Hugh-Curtis syndrome (FHCS) or perihepatitis due to PID is a rare complication that is believed to occur through ascending peritoneal infection, leading to inflammation of the liver capsule. Its cardinal symptom is acute or sub-acute upper quadrant pain that worsens with breathing¹. Usually, there is minimal parenchymal involvement, hence aminotransferases are normal. Fever, pelvic pain, or vaginal discharge are frequently missing. On CT scan, hepatic capsular enhancement can be seen (as in this case)². On laparoscopy, perihepatitis may be recognized as a patchy purulent and fibrinous exudate ("violin string" adhesions) affecting the anterior surfaces of the liver. A high suspicion level is needed to avoid overlooking this syndrome, that can even mimic an acute cholecystitis; but otherwise, can be easily treated.



REFERENCES

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Palabras clave: perihepatitis, síndrome Fitz-Hugh-Curtis, enfermedad inflamatoria pélvica, dolor en cuadrante superior derecho.

Keywords: perihepatitis, Fitz-Hugh-Curtis syndrome, pelvic inflammatory disease, right upper quadrant pain.

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