

What is the clinical character of Fitz-Hugh-Curtis syndrome?

23 December 2008

Fitz-Hugh-Curtis syndrome is characterized by inflammation in perihepatic capsules with concomitant pelvic inflammation. The pain in the right upper abdomen appeared as the main symptom. These cases have to be cautiously differentiated from diseases for which the major symptom is pain in the right upper abdomen. Fitz-Hugh-Curtis syndrome has been classified as a benign disease that can be diagnosed by non-invasive methods and treated readily by antibiotic therapy. Nevertheless, without sufficient understanding of this disease, it could be misdiagnosed as other acute diseases with similar clinical symptoms, and thus patients may undergo unnecessary treatment or tests.

A research article to be published on December 7, 2008 in the *World Journal of Gastroenterology* addresses this question. The research team led by Jin Il Kim from the Catholic University of Korea analyzed the clinical characteristics of patients diagnosed with Fitz-Hugh-Curtis syndrome.

Fitz-Hugh-Curtis syndrome was identified in 22 female patients of childbearing age; their mean age was 31.0 ± 8.1 years. Fourteen of these cases presented with pain in the upper right abdomen alone or together with pain in the lower abdomen, and 6 patients presented with pain only in the lower abdomen. The first impression at the time of visit was acute cholecystitis or cholangitis in 10 patients and acute appendicitis or a pelvic inflammatory disease in 8 patients. Twenty-one patients were diagnosed by abdominal CT, and the results of abdominal sonography were normal for 10 of the patients. *C. trichomatis* was isolated from 18 patients, and except 2 patients performed laparoscopic adhesiotomy, 20 patients were completely cured by antibiotics treatment.

They concluded that for childbearing-age women with acute pain in the upper right abdomen alone or together with pain in the lower abdomen and that have normal liver function test results, Fitz-

Hugh-Curtis syndrome should be differentiated-diagnosed. Moreover, for the cases suspected to be Fitz-Hugh-Curtis syndrome, abdominal CT, rather than abdominal sonography, assists in the diagnosis.

Source: World Journal of Gastroenterology

APA citation: What is the clinical character of Fitz-Hugh-Curtis syndrome? (2008, December 23)
retrieved 25 October 2021 from <https://medicalxpress.com/news/2008-12-clinical-character-fitz-hugh-curtis-syndrome.html>

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