

# Fitz-Hugh-Curtis Syndrome as Finding during Open Cholecystectomy and Unknown Pregnancy: Clinical Case

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Received date: August 2, 2016; Accepted date: September 6, 2016; Publication date: September 12, 2016

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## Abstract

**Introduction:** The Fitz-Hugh-Curtis syndrome is a perihepatitis produced by secondary peritonitis the rise of bacteria, as a result of pelvic inflammatory disease. In the chronic stage can be observed adhesions between abdominal wall and the liver surface characterized by the similarity to "violin strings". This image is considered diagnostic criterion.

**Clinical case:** Female 37 years-old, Gesta 7, Births 5, Abortion 1, Cesarean Section 0, who intervenes surgically open to present intermittent pain for gallstone cholecystitis two years of evolution. Normal vital signs; Laboratory test preoperative: erythrocytes  $3.40 \times 10^6$ , hemoglobin 9.9 g/dl, hematocrit 33.8%, lymphocytes 19%, leukocytes  $11.86 \times 10^3/\text{mm}^3$ , total neutrophil 86%. Glucose 139 mg/dl, BUN 4.35 mg/dl, urea 9.3 mg/dl, SGOT (AST) 80 U/l, SGPT (ALT) 66 U/l, Proteins 6.0 g/dl, serum albumin 3.4 mg/dl. VDRL Neg. Urinalysis: Urobilinogen 2 mg/dl; Leukocyte 15-20 x field and postoperative pregnancy test (+). It proceeds to open cholecystectomy and during exposure of the gallbladder is located in hepatic parenchyma multiple adhesions and congestive liver.

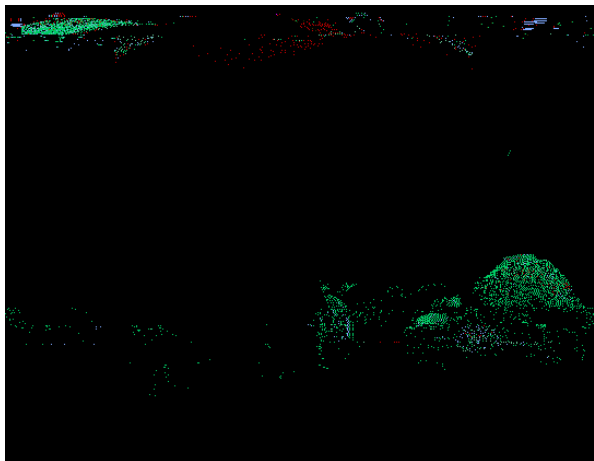
**Discussion:** The combination of a painful liver without biochemical evidence of hepatitis or biliary obstruction, and menorrhagia raised the suspicion of perihepatitis Fitz-Hugh-Curtis, an inflammatory process of the liver capsule due to pelvic inflammatory disease mostly caused by *Chlamydia trachomatis* or *Neisseria gonorrhoeae*. The pathophysiology of perihepatitis FHC is unclear, but direct infection of the liver capsule, hematologic or lymphatic spread as well as an exaggerated immune response has been suggested.

**Keywords:** Right upper quadrant pain; Cholecistectomy; Fitz-Hugh-Curtis syndrome; Sexually transmitted disease; Violin string adhesions; Pregnancy

## Introduction

In 1920 Carlo Stajano first described adhesions violin strings that characterize the chronic stage of this syndrome [1].

congestive liver (Figure 1). cholecystectomy without incident or accident takes place in the immediate postoperative period the patient has intermittent pain in lower abdomen, interconsultation requested in gynecology and obstetrics for 201 weeks of unknow gestation for the patient and the surgeon and proceed to appropriate medical management with resolution of uterine contractions, it is discharged within 48 hours of admission and control outpatient surgery and gynecology and obstetrics.



**Figure 1:** Adhesions in liver periviolin string as a finding in this open cholecystectomy.

## Discussion

The combination of a painful liver without biochemical evidence of hepatitis or biliary obstruction, and menorrhagia raised the suspicion of perihepatitis FHCS, an inflammatory

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