

Right Upper Quadrant Pain in a Young Female

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A 34-year-old woman reported mounting right upper and lower quadrant abdominal pain worsening with breathing and in motion since two weeks. On physical examination she was afebrile and anicteric, but revealed marked right upper quadrant abdominal tenderness on palpation, and complained of menorrhagia. Laboratory tests revealed an increased C-reactive protein (100 mg/l; upper limit of normal: 3 mg/l), normal leucocytes and normal serum liver and pancreatic enzymes. Abdominal ultrasound and CT scanning demonstrated hepatomegaly and mild ascites but no hepatobiliary or intestinal abnormalities.

The combination of a painful liver without biochemical evidence of hepatitis or biliary obstruction, and menorrhagia raised the suspicion of perihepatitis Fitz-Hugh-Curtis (FHC), an inflammatory process of the liver capsule due to pelvic inflammatory disease mostly caused by *Chlamydia trachomatis* or *Neisseria gonorrhoeae*. The FHC syndrome typically presents without or only faint involvement of the liver parenchyma. While *Neisseria gonorrhoeae* was the first established pathogen [1, 2], *Chlamydia trachomatis* is incriminated in most cases nowadays [3]. 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 have been suggested [4]. After detection of *Chlamydia trachomatis* DNA by

polymerase chain reaction in serum, our patient was treated with ceftriaxon i.v. (2g in a single dose) and oral doxycyclin (100mg twice daily for 14 days). The upper abdominal pain resolved rapidly while the lower abdominal pain persisted, for which the patient underwent laparoscopic surgery several weeks later to remove a tubo-ovarian abscess. Diagnosis of perihepatitis FHC was confirmed by demonstrating "violin-string"-like adhesions (Fig.), and surgical separation thereof resulted in complete abrogation of the patient's abdominal symptoms.

Fitz-Hugh-Curtis syndrome should be considered as a cause of right upper quadrant abdominal pain in adults in whom imaging and liver laboratory findings remain elusive [5].

Consent: Written informed consent was obtained from the patient for publication of this report and any accompanying images.

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Conflicts of interest: None to declare.

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