EUSEM PRAGUE 2019 12-16 OCTOBER
THE EUROPEAN EMERGENCY MEDICINE CONGRESS
www.eusem.org

Fitz-Hugh-Curtis syndrome

Camilo Fernandez Martinez (1), consol Gutierrez Jimenez (2), Nicolas Feltes (1), Alberto Morales Proaño (1), Min Ko Bae (1), Miriam Comas Torres (1), Antonio De Giorgi (1)
1. Emergency, Hospital General de Catalunya, Sant Cugat del Valles, SPAIN .2. Emergency, Consorci Sanitari de Terrassa, SPAIN

quirónsalud

Case presentation

A 49-year-old woman consulted for fever, abdominal pain and diarrhea.
Antecedents of interest: ANA positive 1/320 of 2016, Diagnosis of HPV / CIN I 6 months before the clinic and HPV vaccination after diagnosis. Myomas Implantation of IUD (Mirena) 3 months prior. New couple about 10 months.

Current illness: Consultation for generalized abdominal pain, more focused on the left iliac fossa and watery diarrhea. Worsening of pain in FID with defense to palpation, with the appearance of pain in the right hypochondrium, disappearance of diarrhea and fever. Analytical 20,000 leucocits / 81.6% neutrophils, INR 1.20, PCR 11.1 mg / dl. Sediment: 0-5 red cells per field x 40, 20-50 leukocytes per field x 40. Few bacteria.

Eco Doppler ultrasound: inconclusive test for thrombosis of the superior mesenteric vein. Although no flow is detected with the color Doppler in the cranial area of said vein. No clear morphological signs of thrombus inside the vein.
Abdominal tac: Discrete hepatomegaly with periportal edema and possible thrombosis in the most proximal area of the superior mesenteric vein.
RNM: No images compatible with pelvic inflammatory disease are observed. Discrete amount of free subhepatic fluid and in both droplets, nonspecific.

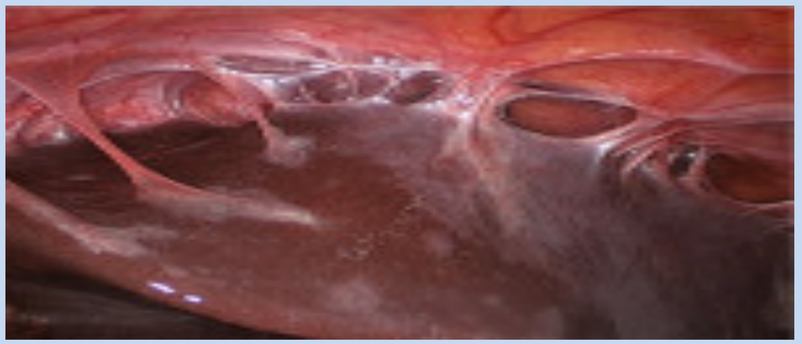
Gynecological visit: Painful abdomen, no seem leucorrhoea.

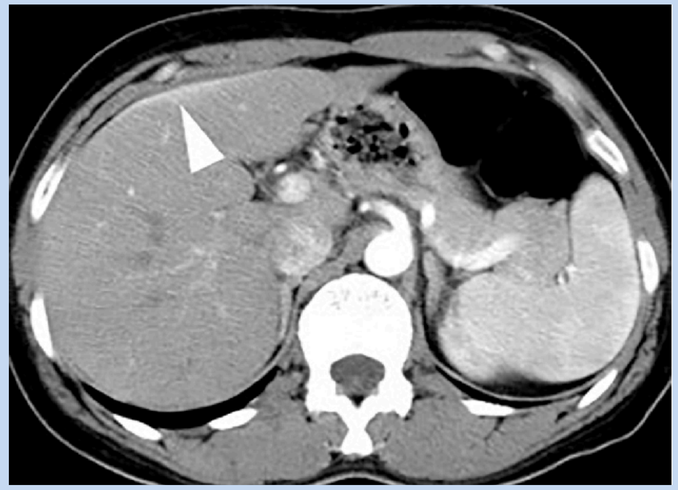
Microbiological culture of endocervical exudate: Bacterial vaginosis. Cultivation of fungi negative.

Analytic study 8/3/2019 Serologies HBsAg, HBcA, HCV HIV negative, IgM anti Chlamydia trahomatis undetermined, IgG negative. IgG anti Mycoplasma penumoniae indeterminate, negative IgM.

Analytic 3/27/2019: Chlamydia in negative urine. Ac IgM Chlamydia Trachomatis positive, negative IgG. Ig M Mycoplasma gray area, negative IgG.

Because of the possibility of pelvic inflammatory disease considering liver involvement with secondary perihepatitis (sr Fritz-Hughs-Curtis), the patient is treated with ceftriaxone and IV metronidazole, afebrile at 48 hours and resolution of inflammatory analytical parameters. Treatment is continued with ciprofloxacin and oral metronidazole. Given the persistence of spotting and pelvic area pain, IUD is removed, with posterior metrorrhagia treated with broadfibrin. Disappearance of the metrorrhagia





Fiz-Hugh-Curtis syndrome is a perihepatitis associated with pelvic inflammatory disease (PID), which affects the hepatic capsule and the adjacent peritoneum, producing abdominal pain in the right hypochondrium. It mainly affects women of childbearing age. The most frequent etiological agents are Chlamydia trachomatis followed by Neisseria gonohorroeae (1)

Key words: Perihepatitis, pelvic inflammatory disease, Chlamydia trachomatis, fever, abdominal pain, Fitz-Hugh-Curtis syndrome.