



Clinical image

Laparoscopy is the best choice to diagnose Fitz-Hugh–Curtis syndrome

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A 45-year-old woman presented with massive vaginal bleeding during menstrual period for several years. The ultrasonography showed multiple uterine myoma with the maximal about 7.2 cm × 5.5 cm. The patient was treated by laparoscopic surgery. Intraoperative laparoscopic findings revealed multiple uterine myoma with dense adhesion in her pelvic cavity including the uterus, fallopian tubes, and ovaries (Fig. 1). The perihepatic area showed the “violin-string” like fibrous adhesions between the liver and anterior peritoneum (Fig. 2). Under the diagnosis of multiple uterine myoma with Fitz-Hugh–Curtis syndrome, she underwent laparoscopic total hysterectomy, bilateral salpingectomy, and adhesiolysis without complication.

Fitz-Hugh–Curtis syndrome was named after Thomas Fitz-Hugh and Arthur Hale Curtis in 1930 and in 1934 when they saw the purulent patch and “violin-string” like fibrous adhesions between the liver and anterior peritoneum or the diaphragm. It is also known as perihepatitis, which is defined as the inflammation of the liver capsule with concomitant pelvic inflammation without the involvement of the hepatic parenchyma.^{1,2} The incidence of Fitz-Hugh–Curtis syndrome reported in the

in human being.^{3–5} Patients with Fitz-Hugh–Curtis syndrome can either be asymptomatic or symptomatic. The symptoms include pain in the upper right quadrant of the abdomen and pleuritic pain. This syndrome is usually associated with sexually

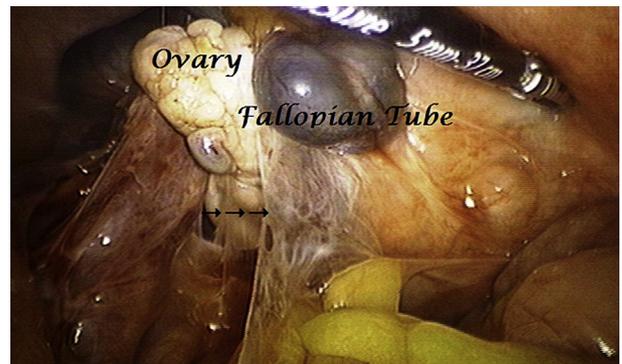


Fig. 1. Fibrous adhesion in all pelvic organs, especially the ovaries and the fallopian tubes.

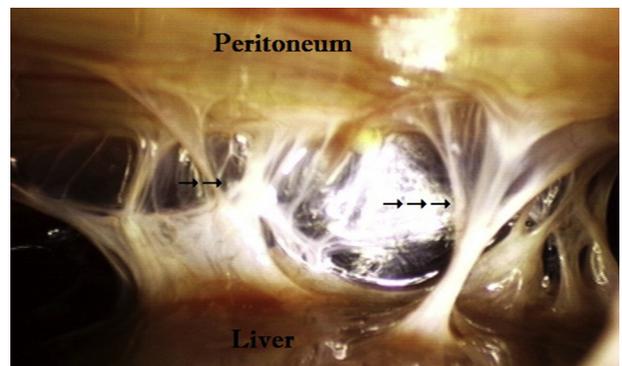


Fig. 2. Laparoscopic findings of the violin string between the peritoneum and the liver surface.

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transmitted infections, mostly *Chlamydia trachomatis* and *Neisseria gonorrhoeae*, but vaginal flora may also play an important role in the pathogenesis. Laparoscopy is currently the accepted gold standard due its diagnostic accuracy for perihepatitis or acute pelvic inflammatory disease (direct visual confirmation of intra-abdominal condition as it can show the whole abdominopelvic cavity thoroughly). The additional advantages of laparoscopy also come from the concurrent operative procedures such as liver and pelvic organs adhesiolysis, drainage of tubo-ovarian abscesses, irrigation of the pelvic cavity, and also biopsy if other abnormalities are noted. Despite the benefits that are associated with laparoscopy, they will not reduce the prevalence of long-term sequelae.⁶

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