Fitz-Hugh-Curtis Syndrome: Hepatic Capsular Enhancement and Diffuse Gallbladder Wall Thickening on Contrast-Enhanced CT

Key words: Fitz-Hugh-Curtis Syndrome, contrast-enhanced computed tomography

Figure 1. Fitz-Hugh-Curtis syndrome in a 39-year-old woman. A) CECT showed linear enhancement of the surface at both lobe of the liver (arrows) and diffuse gallbladder wall thickening (arrowhead). This hepatic capsular enhancement was localized at the anterior surface of both lobes of the liver. Perihepatic fluid collection was not detected. B) CECT at the slice level of the pelvis showed a thick-walled cystic lesion at the right adnexa, consistent with right hydrosalpinx (arrow). Note the small amounts of ascites in the pouch of the Douglas (arrowheads). U: uterus.

Fitz-Hugh-Curtis syndrome (FHCS) is characterized by right upper quadrant pain and perihepatitis in association with pelvic inflammatory disease. Previously, laparoscopy has been used to diagnose of this syndrome, however, recently some characteristic findings on contrast-enhanced computed tomography (CECT) have been reported (1, 2). Herein, we report a case of FHCS in which CECT was useful for the early diagnosis of this syndrome.

A 39-year-old woman complained of right upper quadrant pain, slight fever. On physical examination, tenderness was remarkable along the right costal margin. Laboratory examinations revealed inflammatory reactions. Abdominal CECT revealed hepatic capsular enhancement and diffuse gallbladder wall thickening (Fig. 1A). In the pelvis, right hydrosalpinx was demonstrated (Fig. 1B). The diagnosis of FHCS was confirmed by significant elevated levels of the titers of serum IgA antibody and IgG antibody to *Chlamydia trachomatis*. Symptoms and CT findings completely disappeared after intraoral administration of clarithromycin for two weeks.

References

- 1) Tsubuku M, Hayashi S, Terahara A, Furukawa T, Ohmura G. Fitz-Hugh-Curtis syndrome: linear contrast enhancement of the surface of the liver on CT. *J Comput Assist Tomogr* **26**: 456–458, 2002.
- 2) Nishie A, Yoshimitsu K, Irie H, et al. Fitz-Hugh-Curtis syndrome. Radiologic manifestation. *J Comput Assist Tomogr* **27**: 786–791, 2003.

Tohru TAKESHITA, Hideki SHIMA, Sonomi OISHI, Namio MACHIDA, Rei KASHIMA*,
Shino OHNO* and Katsuhiro UCHIYAMA

The Department of Radiology and *the Department of Internal Medicine, Teikyo University School of Medicine, Chiba

Received for publication January 7, 2004; Accepted for publication February 25, 2004

Reprint requests should be addressed to Dr. Tohru Takeshita, the Department of Radiology, Teikyo University School of Medicine,
Ichihara, Hospital, 3426-3 Anesaki, Ichihara, Chiba 299-0111