Fitz-Hugh-Curtis Syndrome-like Findings: Chemical Stimulation by the Contrast Agent

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Key words: Fitz-Hugh-Curtis syndrome, iodized oil, hysterosalpingography

(Intern Med 52: 2587-2588, 2013)

(DOI: 10.2169/internalmedicine.52.1173)

Picture 1.

Picture 2.

Picture 3.

A 37-year-old woman was referred to our hospital because of right upper quadrant abdominal pain. Her body temperature was 36.4°C. Her white cell count was 6,000/mm³ and her serum c-reactive protein level was 0.09 mg/dL. Two days earlier, she had undergone a hysterosalpingography with iodized oil at another obstetric clinic for the inves-

tigation of infertility. Iodized oil, which is an X-ray contrast medium originally developed for lymphography, is sometimes used for the purpose of hysterosalpingography (1). Abdominal computed tomography without administration of contrast material showed a thin high-density layer of iodized oil on the surface of the liver and spleen (arrows), with intra-abdominal free air (arrow heads) (Picture 1, 2). There were dense deposits of iodized oil in the uterus and pelvic cavity (Picture 3). The pathophysiology of the patient was consistent with Fitz-Hugh-Curtis syndrome. Fitz-Hugh-Curtis syndrome is a hepatic capsulitis usually resulting from a direct spread of pelvic organ infections. However, the paucity of acute inflammatory findings favored that the iodized oil was the possible cause of chemical irritation, rather than infectious processes (2). The symptoms disappeared after the administration of antibiotics and non-steroidal anti-inflammatory drugs.

The authors state that they have no Conflict of Interest (COI).

References

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