

Pelvic Inflammatory Disease: A Rare Presentation of Fitz Hugh Curtis syndrome.

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1. Introduction

Fitz Hugh Curtis syndrome or acute perihepatitis is considered a rare complication of pelvic inflammatory disease, incidence being 4%, primarily associated with Chlamydia or Gonococcal organisms.

It usually causes inflammation of the uterus, ovaries, fallopian tubes, cervix, or vagina. This inflammation spreads to the covering of the liver or the tissues surrounding the liver in the abdomen. It can also spread to the diaphragm, the muscle that separates the abdominal cavity and the chest.

Exact cause is still unknown. Some cases may start when an infection spreads to the liver. Other evidence suggests that it could be an autoimmune disease.

When it can promote picture simulating intestinal obstruction with bilateral tubo ovarian mass, gynaecologist come into the picture.

2. Case Report

A 36 year old obese female, known case of fibroid uterus and irregular menstrual history and chronic abdominal pain, who had no previous abdominal surgeries, presented with severe pain abdomen, vomiting, constipation and distension. She had stable vitals except for tachycardia. On per abdominal examination she had distended, and diffusely tender abdomen with absent bowel sounds.

Her blood investigations were under normal limits except for elevated leucocyte counts.

Erect abdomen x ray was taken which showed multiple air fluid levels suggestive of small bowel obstruction.

Her CECT abdomen & pelvis suggested bilateral pyosalpinx with likely left tubo-ovarian mass with surrounding inflamed omentum & adherent multiple collapsed small bowel loops causing proximal small bowel obstruction. Necrotic para aortic & left internal iliac & inguinal nodes. Above features suggests severe PID likely due to tubercular infection.

SEROLOGY	NEGATIVE
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CBNAAT	NEGATIVE
ENDOMETRIAL BIOPSY	PROLIFERATIVE ENDOMETRIUM WITH AFBNEGATIVE STATUS
C/S OF PERITONEAL FLUID	HEAVY GROWTH OF GONOCOCCUS
C/S OF PUS FROM WOUND	HEAVY GROWTH OF GONOCOCCUS



Figure 1: MULTIPLE AIR-FLUID LEVELS

3. Operative Findings

On emergency laparotomy she had plastered abdomen with small bowel forming a cocoon, violin string appearance over liver, frozen pelvis, interbowel pus collection, foul smelling fluid collection in para colic gutter and adhesion causing obstruction suggesting features of tubercular pathology. Hence a decision of adhesiolysis and lavage taken and proceeded. Drains placed. Intra operative surgeons opinion taken. Pus and peritoneal fluid sent for culture and sensitivity and CBNAAT. Simultaneously endometrial biopsy was procured for further evaluation. She was treated with IV doxycycline plus cefotetan antibiotics. Her postoperative period was uneventful and later discharged with stable vitals and regular bowel habits.

Patient recovered well and her pus culture showed Gonococcal organism growth, and CBNAAT was negative. She was discharged with an advice to follow up regularly in our gynaecology department.

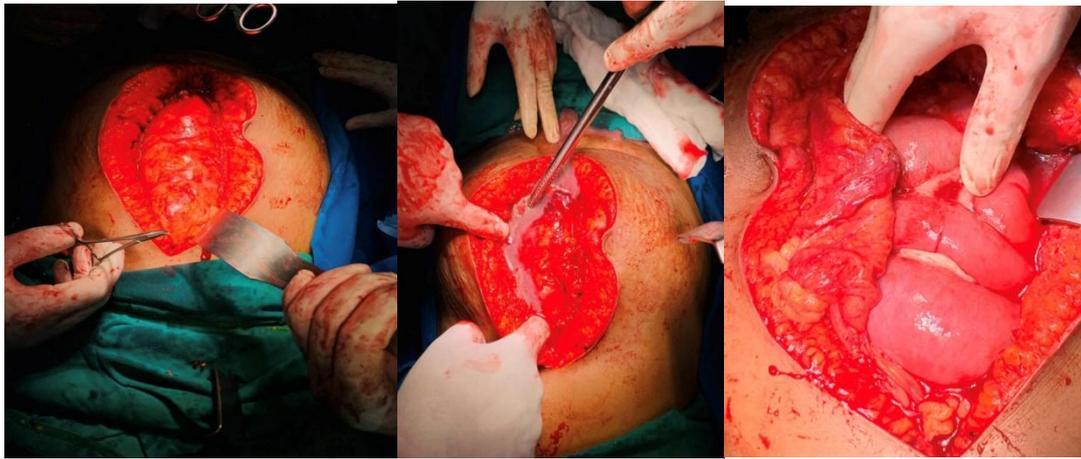


Figure 2 and 3: COCCON LIKE FORMATION; Figure 4: INTERBOWEL PUS COLLECTION

4. Discussion

Fitz Hugh Curtis syndrome is a fascinating entity of PID, primarily associated with Chlamydia or Gonococcal organisms.

Other unexpected presentation of PID should be ruled out.

Clever on table decisions, precise knowledge of pathophysiology, can significantly reduce morbidity due to the same.

Patient education with long term follow up is required.

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