Fitz-Hugh-Curtis-Syndrome-Incidental Finding During Laparoscopic Cholecystectomy

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Abstract: ***This is a case report of a rare case fitz-hugh-curtis-syndrome which was incidental finding during laparoscopic cholecystectomy whose incidence tends to increase with use of laparoscopy; this is in the order of 15-30% women with pelvic inflammatory disease. This article presents the case of 30 -year -old woman who came with complaints of right hypochondriac and epigastric pain of moderate intensity, irradiated to back. The diagnosis was confirmed by abdominal ultrasonography which was suggestive of large solitary non-mobile gall bladder calculus; for this reason elective laparoscopic cholecystectomy was planned, intraoperatively extensive, dense violin strings like adhesions between the anterosuperior hepatic surface and abdominal wall were seen.***

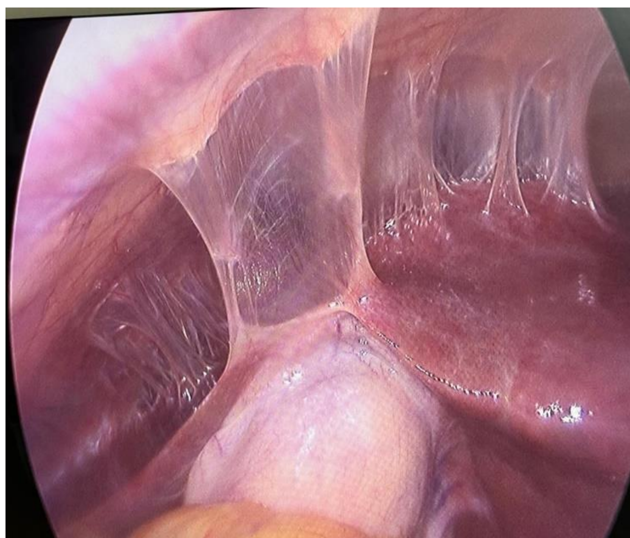
Keywords: Gall bladder, Laparoscopic cholecystectomy, Fitz-Hugh-Curtis-Syndrome, Violin string adhesions

1. Introduction

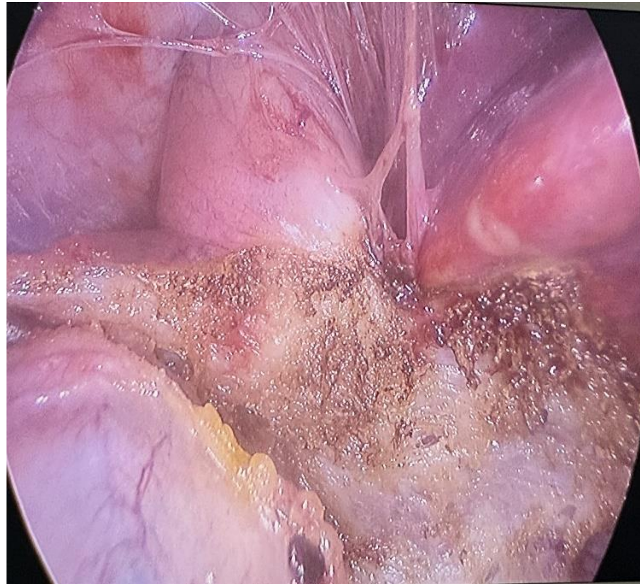
Laparoscopic Cholecystectomy is a minimally invasive surgical procedure for removal of diseased gallbladder. In India the incidence of gall stones is around 6% of the total population in which women population are affected more then males. Fitz-Hugh-Curtis Syndrome is a rare disorder that occurs exclusively in Women with chronic PID. It is characterized by inflammation of the peritoneum and the tissues surrounding the liver (perihepatitis). This entity may present asymptomatically in many cases or with severe pain in upper right quadrant of abdomen, due irritation of Glisson's capsule in liver. The objective of this study is to present a case of incidental finding of FHC Syndrome in a cholelithiasis patient whose finding was demonstrated during laparoscopic cholecystectomy.

2. Case Presentation

Female patient, 30 years old, multigravida, homemaker, resident of Mumbai, came with complaints of pain in the right hypochondrium and epigastric region radiating to back with acidity and bloating. Her medical and surgical history was unremarkable. Physical examination showed afebrile, soft abdomen, not painful, positive peristalsis, negative Murphy, and no signs of peritoneal irritation. We advised ultrasound which was suggestive of large solitary mobile calculus of size 16mm within lumen of gall bladder, all routine blood investigations were within normal limit, she was scheduled for elective laparoscopic surgery. During surgery, in addition to cholelithiasis, diagnosis of Fitz Hugh Curtis Syndrome proved by direct visualization of the presence of perihepatic adhesions like violin strings.



Intraoperative Findings- Violin String Appearance FHCS



Picture Showing Adhesions after Removal of Gall Bladder

3. Discussion

The finding of FHCS was not common during surgeries, but with advent of laparoscopic surgical techniques it has increased, an exact statistic in cholecystectomies is not known, however, the incidence in laparoscopic surgeries in gynecology patients is in order of 15-30%.

In our case, it was an incidental finding because the approach was directed to treat a cholelithiasis because the symptomatology referred by patient was characterized by a colicky pain, located in the right hypochondrium, with a negative Murphy, which radiated to the back. It was not suspected that the patient could have HCFS since she did not report having previously presented an inflammatory pelvic infection and because in our country patients with cholelithiasis are taken to surgery only with ultrasound, which is the method recommended by the Colombian guidelines as the method of choice to make the diagnosis, Therefore, more specialized studies were not performed, which could suggest the presence of FHCS, such as the CT scan that evidences a reinforcement in the hepatic capsule in these patients. The diagnosis of FHCS in our case was by direct visualization of the adhesions in violin strings on the hepatic surface and the abdominal wall during laparoscopic cholecystectomy, which is a pathognomonic sign that occurs in the chronic stage of this disease.

Regarding the association of FHCS with cholelithiasis, this is based solely on the fact that both present with pain in the right hypochondrium, it is important to note that there is no pathological association, however, making the differential diagnosis is important because there are cases that can be framed as happened in our patient.

The patient underwent cholecystectomy by laparoscopy it was a difficult surgery because of presence of adhesions in violin strings between the hepatic capsule and abdominal wall, it was difficult to facilitate the retraction of gall bladder towards the shoulder.

Adhesiolysis is not indicated in all patients, only in those in which the clinical picture does not yield with medical management. In this case , as it was an incidental finding which was not suspected at the beginning, the surgical procedure was performed and then she was treated with i/v antibiotic initially with piptaz, metrogyl and amikacin followed by doxycycline caps 100mg for 14days and it is also recommended to treat the sexual partner in all cases to avoid recurrences.

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