

Fitz-Hugh-Curtis syndrome is a rare disorder that occurs almost exclusively in women. It is characterized by inflammation of the membrane lining the stomach (peritoneum) and the tissues surrounding the liver (perihepatitis). The muscle that separates the stomach and the chest (diaphragm), which plays an essential role in breathing, may also be affected. Common symptoms include severe pain in the upper right area (quadrant) of the abdomen, fever, chills, headaches, and a general feeling of poor health (malaise). Fitz-Hugh-Curtis syndrome is a complication of pelvic inflammatory disease (PID), a general term for infection of the upper genital tract in women. Infection is most often caused by *Neisseria gonorrhoeae* and *Chlamydia trachomatis*. A diagnosis of Fitz-Hugh-Curtis syndrome is made through the exclusion of other causes of upper right abdominal pain. A diagnosis may be confirmed with a variety of specialized tests including x-ray examination, diagnostic laparoscopy, and certain laboratory exams. X-ray examination may include ultrasound, chest or stomach radiographs, and computed tomography (CT) scanning. X-rays are used to rule out other possible conditions or reveal characteristic inflammation of the perihepatic region. During a laparoscopy, a small, thin tube is inserted in the abdominal cavity through a small incision in the stomach. A laparoscopic exam allows a physician to view the liver and surrounding tissue. Laboratory exams can identify infection with *Chlamydia trachomatis* or *Neisseria gonorrhoeae*.