

Gonorrhea and the Male Acute Abdomen

Stephen D. Boren, MD
Clinton, Massachusetts

Venereal disease is a well-known cause of the acute abdomen in females.¹⁻⁴ Pelvic inflammatory disease is a diagnosis that must be considered in all females with abdominal pain. Tertiary syphilis, once a frequent cause of abdominal pain, appears rarely, because of the widespread use of penicillin and other antibiotics.⁵ However, gonorrhea must be considered in the work-up of a male with abdominal pain.

There are three ways in which gonorrhea can affect the male. An unusual method is the Fitz-Hugh - Curtis syndrome. Originally considered to be solely a female disease,⁶⁻⁸ gonococcal perihepatitis has been reported in males.⁹ This, preceded by the typical urethritis, usually presents as acute cholecystitis.

There are three theories on the pathogenesis of this syndrome. The first is that an ascending retroperitoneal lymphangitis may be a factor. Another possibility is a septecemia with fortuitous seeding of the liver. In females, there is the obvious passage from the open pelvic organs through the paracolic gutters to the subphrenic spaces.⁹

The diagnosis of the syndrome is suggested by a young patient, by a history of gonorrhea or the identification of gonorrhea from the genitourinary tract, by the elimination of other causes of right upper quadrant pain,

by liver biopsy with recovery of *Neisseria gonorrhoeae*, and by having a high index of suspicion.⁹

The Fitz-Hugh - Curtis syndrome has also been associated with persistent right upper quadrant pain which responds to cauterization of the perihaptic adhesions under laparoscopic visualization.¹⁰ Although this cause of persistent pain has not been reported in males, its absence may merely reflect insufficient pursuit.

Because of the infrequency of this disease, no standard treatment exists, although Kimball and Knee cured their patient with 1,200,000 units of procaine penicillin b.i.d. for ten days.

A second, but more frequent method in which venereal disease can cause severe abdominal pain is in acute prostatitis. The original agent is usually gonococcal as the bacteria migrates from the anterior urethra to the prostate. However, frequently the *Neisseria gonorrhoeae* are replaced by other bacteria. The patient presents with high fever (usually above that seen in appendicitis), urinary symptoms, malaise, and severe abdominal pain.¹¹ The diagnosis is apparent if one simply examines the genitals and does a rectal examination on all patients with abdominal pain. Intravenous fluids, antibiotics, and sitz baths will rectify the problem, although some cases progress to abscess formation. If urinary retention occurs, catheterization will be required.

The most common sign of venereal disease in the young male with abdominal pain is pyuria.¹² Both acute and resolving urethritis will also cause white cells in a patient's urine. This can act as a red herring, diverting one's

attention from the gastrointestinal system to the urinary system. If a patient with pyuria has abdominal pain, he must be carefully questioned about recent discharge from his penis. Unless this is done, the genitourinary system may be erroneously labeled as the cause of his pain.

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From the Clinton Hospital, Clinton, Massachusetts. Requests for reprints should be addressed to Dr. Stephen D. Boren, The Clinton Hospital, Clinton, Mass 01510.