

Case	(630) Obturator hernia, a case report.
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CASE PRESENTATION

A 80 year-old woman presents to our Institution with severe back and right thigh pain for 7 days and diffuse abdominal pain and vomiting in the last 5 days. Clinical examination showed hemodynamic shock and she was referred to our department to perform an abdominal CT to rule out abdominal pathology.

An abdominal non contrast enhanced CT was performed because of poor renal function of the patient. It revealed markedly dilation of the stomach and the small bowel loops extending to the right inguinal region with identification of a transition point and a small prolapse of small through the obturator foramen. Diagnosis of intestinal obstruction secondary to obturator hernia was done and the patient underwent urgent surgical intervention.

Although the hernial sac was stuck within the obturator canal, the hernia was successfully reduced. A resection of 10 cm of ischemic jejunal ileum loops was performed. The patient presented a poor clinical course and on the sixth postoperative day a new CT scan was performed showing signs of anastomotic loop pain. At the surgery it was demonstrated intestinal loops with disseminated necrosis. The patient died a few hours after the surgery.

DISCUSSION

Obturator hernia is a rare pelvic hernia more common in elderly female due to the atrophy and loss of pre-peritoneal fat around the obturator canal vessels.

The clinic is non-specific, the most frequent symptoms are intermittent bowel obstruction and pain in the medial aspect of the thigh that is due to compression of the obturator nerve, sign of Howships Romberg.

The typical CT findings are the visualization of an hernial sac located between the pectineal and external obturator muscles with retrograde dilatation of the small intestinal loops. It is important to recognized this entity to allow an early diagnosis to improve the outcome of the patients. Unfortunately, it was not our case.

CONCLUSION

Obturator hernia is a rare cause of intestinal obstruction and a diagnostic challenge. Radiological findings are valuable for an early diagnosis that improves the morbidity and mortality of these patients.

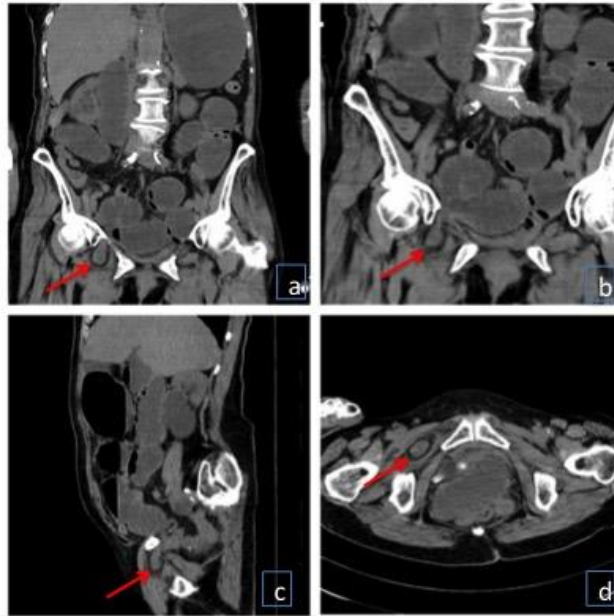


FIGURE 1: Obturator hernia. Hernial sac (red arrow) in coronal scan (a and b), sagittal scan (c) and axial scan (d). The image also shows the dilation of the stomach and the small bowel loops.

BIBLIOGRAPHY

- Hodgins N, Cieplucha K, Conneally P, Ghareeb E. Obturator hernia: A case report and review of the literature. *International Journal of Surgery Case Reports*,2013;4:889–892