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A case of delayed diagnosis of obturator hernia in an elderly woman

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Introduction: Obturator hernia is a rare disease that accounts for 0.05-1.4% of cases of hernias. The correct diagnosis of obturator hernia is very important since delay of diagnosis can be very fatal. Clinical manifestations can be non-specific including abdominal pain, medial thigh pain(the Howship-Romberg sign), nausea and vomiting. Obturator hernia also known as 'little old ladies hernia' often occurs in thin elderly women since they mostly have a loss of protective fat in the obturator canal, the broader pelvis and larger obturator canal. Diagnosis can be successfully achieved by CT scanning that a low-density mass lies between the obturator externus and pectineus muscle. **Case:** An 81-year-old woman visited our hospital with 4 days of abdominal distension, abdominal pain, and right medial thigh pain. She was first misdiagnosed as enterocolitis in the local clinic. She came to present with mild fever, tachycardia and an elevation in WBC level. The abdomen and pelvic CT scan was tested on the patient in suspicion of a mechanical obstruction after the abdomen X-ray showed air-fluid levels (Figure 1). It showed that a herniated small bowel at the right obturator foramen with an increased enhancement of the thickened bowel wall suggestive of the bowel wall infarction (Figure 2,3). An exploratory laparotomy was carried out and the surgical findings showed that a herniated terminal ileum was strangulated, necrotized and perforated into the abdominal cavity with stool spilled. The herniated bowel was reduced and repaired. After 4 days of post-operation, the patient had hematochezia and acute renal failure. Subsequently, the patient was diagnosed with hemolytic uremic syndrome and she was transferred to another hospital for long-term management. **Conclusion:** Although obturator hernia is a rare disease, it is important not to misdiagnose a thin elderly woman presented with symptoms such as the abdomen and medial thigh pain as a simple intestinal obstruction or enterocolitis. Obturator hernia can rather easily be diagnosed with the abdomen CT scan and the early diagnosis can substantially reduce morbidity and mortality rates.

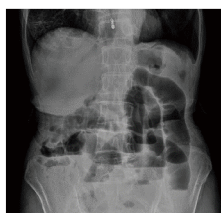


Fig 1. plain's abdomen X-ray shows the dilated small intestine with air-fluid levels.



Fig 2. axial abdomen CT shows a left obturator hernia.



Fig 3. coronal abdomen CT shows the small intestine descending into the right obturator canal.