BRIEF COMMUNICATION

Obturator Hernia: The “Little Old Lady’s Hernia”

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Received 25 April 2013; accepted 30 December 2013
Available online 11 June 2014

KEY WORDS
obturator hernia, pelvic hernia, ultrasonography

Obturator hernia is a rare type of pelvic hernia. As the symptoms are nonspecific and the physical findings are obscure, a correct diagnosis is often delayed, which results in significant morbidity and even mortality. We present here the case of a patient who was quickly diagnosed by ultrasonography and hence underwent surgery without significant complications.

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Introduction

An obturator hernia is the protrusion of either an intra-peritoneal or an extraperitoneal organ or tissue through the obturator canal. It is a rare entity. The average practitioner will probably not see an obturator hernia during their entire career [1] and even experienced surgeons encounter only one or two cases [2]. The incidence of obturator hernia is higher in Asian patients than in Westerners [3].

Obturator hernia poses a diagnostic challenge as the signs and symptoms are often nonspecific, which makes a preoperative diagnosis difficult. The mortality rate for patients with an obturator hernia is the highest among all abdominal wall hernias (range 13–40%); this is related to the difficult diagnosis and delayed specific treatment.

Our patient presented with vomiting and hip pain. The diagnosis was quickly made using ultrasound and was confirmed by computed tomography (CT). The patient underwent surgery and made an uneventful recovery.

Case report

An 87-year-old woman was brought to the emergency department with a history of right hip pain and vomiting for 1 day. Physical examination showed a lump in her right

Conflicts of interest: All contributing authors declare no conflicts of interest.

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http://dx.doi.org/10.1016/j.jmu.2014.04.004
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inguinal area (Fig. 1), over which a bowel loop was identified by ultrasonography (Fig. 2). An obturator hernia was suspected. An abdominal CT scan showed a right trans-obturator bowel loop (Fig. 3). The serial reformatted CT scan (Fig. 4) showed an even better anatomical orientation. The patient underwent immediate surgery. A segment of the small intestine was incarcerated at the right obturator foramen and was reduced smoothly. The patient made an uneventful recovery and was discharged 2 days later.

Discussion

Obturator hernia is a rare abdominal hernia that is nonetheless a significant cause of morbidity and mortality. It occurs most frequently in emaciated patients between the age of 70 years and 90 years. Women are affected nine times more often than men because they have a broader pelvis with a larger triangular obturator canal opening, with a greater transverse diameter, and a history of pregnancy. Therefore this disease is nicknamed the "little old lady's hernia".

It is estimated that a correct preoperative diagnosis is usually made in only 20–30% of cases of obturator hernia [4] because most patients have nonspecific symptoms and specific signs are often obscure.

Traditionally, the diagnosis relies on a high suspicion and prompt imaging. Abdominal and pelvic CT scans are considered to be the standard means of preoperative obturator hernia diagnosis, with high sensitivity and specificity. Nishina et al. [5] concluded that early diagnosis with a CT scan and subsequent surgery produced good results in these patients. They also recommended the use of early CT scans in thin, elderly women with small bowel obstruction [5].

Ultrasonography of the inguinal and inner thigh region is a fast and widely available imaging modality that can, in experienced hands, accurately diagnose potential bowel obstructions caused by an obturator hernia [6]. In addition to the main advantage of being readily performed in the emergency department or at the bedside, it also may show the degree of bowel dilation, the level of obstruction, the potential involvement of the large bowel, and the presence of bowel peristalsis. In the case of an incarcerated obturator hernia, a hypoechoic tubular structure or cystic lesion in the obturator canal region reflects a dilated, edematous bowel loop [6], as seen in our patient. However, other workers have found that the small sac of the obturator hernia, as well as its deep location within the pelvic musculature, might render identification more difficult [7].

Although the incidence of obturator hernia in the general population is low, it is an important cause of intestinal obstruction, particularly in emaciated elderly women. Because of its nonspecific presentation, delays in diagnosis, and the generally poor condition of the patients, postoperative morbidity and mortality are high. Ultimately, accurate diagnosis and immediate surgical intervention are essential to improving postoperative outcomes.
References


