



This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC 4.0). To view a copy of the license, visit <https://creativecommons.org/licenses/by-nc/4.0/>

Obturator hernia in a 110-year-old woman: A Case Report

Obturator hernia

Ali Karabulut¹, Enver Ay¹

¹Department of General Surgery, Siirt Education and Research Hospital, Siirt, Türkiye

Abstract

Introduction: Obturator hernias are extremely rare. Since obturator hernia does not have specific signs and symptoms, it is difficult to diagnose it in the emergency department. It is usually seen in women who are elderly, weak, and have chronic diseases.

Case Presentation: It should be considered in the differential diagnosis when ileus occurs along with abdominal pain, nausea, and vomiting. We present the case of a 110-year-old woman with an obturator hernia that caused intestinal obstruction. The hernia was detected early by abdominal computed tomography (CT), and she was taken to emergency surgery. The hernia defect was repaired with polypropylene mesh.

Conclusion: The treatment is surgery, and delay in diagnosis leads to a high mortality rate. The patient was discharged with full recovery, and no recurrence was observed during follow-up..

Keywords

obturator hernia, intestinal obstruction, surgery

DOI: 10.4328/ACAM.22512 Received: 03/12/2024 Accepted: 13/01/2025 Published Online: 26/01/2025 Printed: 01/05/2025 Ann Clin Anal Med 2026;17(5):517-519

Corresponding Author: Ali Karabulut, Department of General Surgery, Siirt Education and Research Hospital, Siirt, Türkiye

E-mail: alikaarabulut7676@gmail.com P: +90 554 340 90 57

Corresponding Author ORCID ID: <https://orcid.org/0000-0001-6690-2152>

Other Authors ORCID ID: Enver Ay, <https://orcid.org/0000-0001-6690-2152>

Introduction

Obturator hernias are extremely rare, occurring in less than 1% of all abdominal hernias.¹ These have the highest mortality among all abdominal wall hernias due to the delay in diagnosis and the complications that develop as a result.² Obturator hernias, unlike other hernias, rarely appear with a palpable swelling on physical examination, so they are usually not diagnosed or come to mind. These hernias often occur in weak, elderly, multiparous women and people with increased intra-abdominal pressure.³ Obturator hernias are mostly of the Richter type and are difficult to diagnose because focal strangulation of the intestine can proceed to necrosis without symptoms. Although different imaging methods are used in diagnosis, computed tomography (CT) has superior sensitivity and accuracy than other methods.⁴ Here, we present a case of obturator hernia who presented to the emergency department with abdominal pain, was detected by abdominal CT, and underwent emergency surgery.

Case Presentation

A 110-year-old woman was admitted to the emergency department with abdominal pain that had been going on for 10 days and was accompanied by nausea and vomiting for the last 3 days. The patient had no chronic illness, no medication used regularly, and no previous abdominal surgery. Her body weight was 39 kg. On physical examination, bowel sounds were not heard, there was distension in the abdomen, and there was no defense or rebound. No mass was palpated in the bilateral inguinal region. Rectal examination was normal. Other system examinations were normal. Laboratory results showed c-reactive protein (CRP) 11,1 mg/L, albumin 28,80 g/L, white blood cell count (WBC) 14,7 10⁹/L, and other parameters were normal. An abdominal CT scan revealed a severe intestinal obstruction in the left obturator canal (Figure 1(A)). The proximal part of this area appeared dilated, and the distal

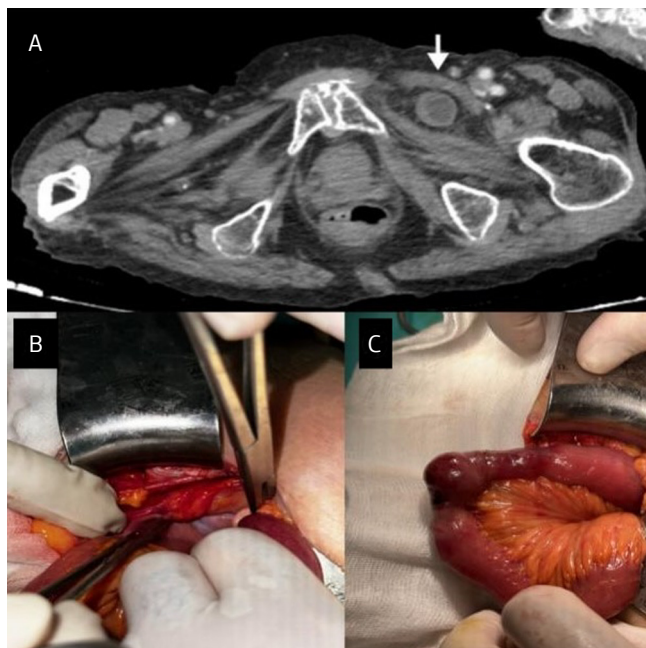


Figure 1. View of the smart peg in the implant cavity (A) Obturator hernia CT image (arrow); (B) left obturator foramen; (C) Herniated ileal loop in the left obturator foramen.

part collapsed. She underwent emergency surgery. The hernia sac was reached through the left inguinal approach. A Richter-type small bowel loop herniated into the left obturator canal was observed (Figure 1 (B, C)). The wall of the strangulated intestinal segment was intact, its blood supply and movement were observed naturally. No necrosis was observed, and no resection was performed. The obturator hernia was repaired with polypropylene mesh. After the operation, the patient was monitored in the intensive care unit for 2 days due to her advanced age and was discharged 10 days later. No recurrence was observed at the one-year follow-up.

Ethical Approval

This study was approved by the Ethics Committee of Siirt University (Date: 31.10.2024; Decision No: 7796).

Reporting Guidelines

The case is reported in accordance with CARE guidelines.

Discussion

Obturator hernias occur most often in older, weak women.⁵ The hernial sac usually includes the small intestine but may also include the appendix, Meckel's diverticulum, omentum, ovary, fallopian tube, and uterus. This hernia is approximately 6 to 9 times more common in women than in men and usually affects women between the ages of 70 and 90. An obturator hernia is most commonly seen clinically with nausea, vomiting, abdominal pain, bloating, and intestinal obstruction, but these are not specific to this hernia.⁶ Because the symptoms are not specific to obturator hernia and physical examination findings are often absent, the diagnosis of obturator hernia cannot usually be made until laparotomy is performed due to intestinal obstruction or peritonitis. These hernias cause a high mortality rate of 25-47,6%. Since obturator hernia symptoms are often attributed to more benign causes, such as constipation, a delay in diagnosis is a common feature. CT is the imaging method with the highest sensitivity and specificity.⁷ Rapid diagnosis and early surgical intervention are performed with an urgent abdominal CT scan. The CT finding is herniation of the intra-abdominal tissue extending through the obturator foramen. With the introduction of CT scanning, the preoperative diagnosis rate increased from 43% to 90% (5). In our case, the diagnosis was made by abdominal CT (Figure 1, (A)).

Treatment of obturator hernia is surgery.⁸ In this case, surgery was performed through the inguinal approach; other surgical approaches are retropubic, transperitoneal, and laparoscopic. Although the use of mesh in obturator hernias is controversial, in this case, the hernia was repaired using polypropylene mesh, but this is not fully described in the literature. Although it is debated whether the use of mesh contributes to the strength of hernia repair, a study found that the 3-year recurrence rate was 0% with the mesh and 22% without the mesh. No hernia recurrence was observed in our patient's 1-year follow-up.

This case aims to remind us of the importance of considering obturator hernia in the differential diagnosis of a patient with intestinal obstruction.

Conclusion

Obturator hernia must be considered in the differential

diagnosis in elderly patients with symptoms of intestinal obstruction. An abdominal CT scan should be performed to avoid delay in diagnosis.

Ethics Declarations

The study protocol was reviewed and approved by the institutional ethics committee. All procedures were conducted in accordance with institutional and international ethical standards.

Animal and Human Rights Statement

All procedures were conducted in accordance with the Declaration of Helsinki and its amendments.

Informed Consent

Written informed consent was obtained from the patient for publication of this case report and accompanying images.

Data Availability

The datasets used and/or analyzed during the current study are not publicly available due to patient privacy reasons but are available from the corresponding author on reasonable request.

Conflict of Interest

The authors declare that there is no conflict of interest.

Funding

None.

Author Contributions (CRediT Taxonomy)

Conceptualization: A.K.

Methodology: A.K., E.A.

Investigation: A.K.

Data Curation: A.K.

Writing – Original Draft Preparation: A.K.

Writing – Review & Editing: E.A.

Supervision: E.A.

Scientific Responsibility Statement

The authors declare that they are responsible for the article's scientific content including study design, data collection, analysis and interpretation, writing, some of the main line, or all of the preparation and scientific review of the contents and approval of the final version of the article.

Abbreviations

CRP: C-reactive protein

CT: Computed tomography

WBC: White blood cell

References

1. Susmallian S, Ponomarenko O, Barnea R, Paran H. Obturator hernia as a frequent finding during laparoscopic pelvic exploration: a retrospective observational study. *Medicine (Baltimore)*. 2016;95(27):e4102. doi:10.1097/md.0000000000004102
2. Mnari W, Hmida B, Maatouk M, Zrig A, Golli M. Strangulated obturator hernia: a case report with literature review. *Pan Afr Med J*. 2019;32:144. doi:10.11604/pamj.2019.32.144.14846
3. Sa NC, Silva VCM, Carreiro PRL, et al. Rare case of incarcerated obturator hernia: case report and review of literature. *Int J Surg Case Rep*. 2017;37:157-160.
4. Chitrambalam TG, Christopher PJ, Sundaraj J, Selvamuthukumaran S. Diagnostic difficulties in obturator hernia: a rare case presentation and review of literature. *BMJ Case Rep*. 2020;13(9):e236507. doi:10.1136/bcr-2020-235644
5. Tien TPD, Giang NH, Huan NN. Obturator hernia: report of a rare case. *Cureus*. 2024;16(8):e66503. doi:10.7759/cureus.66503
6. Park J. Obturator hernia: clinical analysis of 11 patients and review of the literature. *Medicine (Baltimore)*. 2020;99(34):e21701. doi:10.1097/md.00000000000021701
7. Gautam P, Mainali P, Shah D, et al. Obturator hernia: an uncommon cause of intestinal obstruction: a case report. *Int J Surg Case Rep*. 2023;110:108670. doi:10.1016/j.ijscr.2023.108670
8. Burla MM, Gomes CP, Calvi I, et al. Management and outcomes of obturator hernias: a systematic review and meta-analysis. *Hernia*. 2023;27(4):795-806. doi:10.1007/s10029-023-02808-w

Additional Information

Publisher's Note

Bayrakol MP remains neutral with regard to jurisdictional and institutional claims.

How to cite this article:

Ali Karabulut, Enver Ay. Obturator hernia in a 110-year-old woman: A Case Report. *Ann Clin Anal Med* 2026;17(5):517-519. doi:10.4328/ACAM.22512