

IMAGES IN CLINICAL RADIOLOGY



Obturator hernia, a rare cause of intestinal obstruction

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A 76-year-old woman presented acutely to the emergency room with clinical and X-ray features of intestinal obstruction. Contrast-enhanced CT image of the abdomen demonstrated an abnormal ovoid soft tissue mass (Fig. A), located between the right pectineus and obturator externus muscles. The coronal (Fig. B) and sagittal (Fig. C) reconstruction revealed a loop of small intestine into the right side obturator canal area. Based on the radiological findings, the diagnosis of obturator hernia was made and confirmed at surgery.

Comment

The obturator hernia is infrequent, accounting for less than 2% of all abdominal wall hernias and causing less than 1.6% of all small bowel obstructions. The patients are typically elderly women of low body weight, with a male to female ratio of approximately 1:6. This is partly because of their broader pelvis and more triangular obturator canal, and it also may be associated with emaciation with loss of protective preperitoneal fat and progressive laxity of the pelvic floor due to factors like multiparity, increased intra-abdominal pressure and advanced age. Patients present with a partial or complete mechanical small bowel obstruction in approximately 90% of cases. CT is the diagnostic modality of choice, showing the bowel herniated in the obturator foramen and air-fluid levels. Nevertheless, you have to scan low enough in the region of the foramen obturatorum. Treatment is always surgical, given the high rates of bowel incarceration and perforation. Obturator hernia is the most lethal of all abdominal hernias with a mortality rate of 30%, resulting from delays in diagnosis and surgery. Therefore, early use of CT in elderly, thin, multiparous females with intestinal obstruction is recommended and should facilitate rapid diagnosis and surgery to reduce complications and mortality.

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