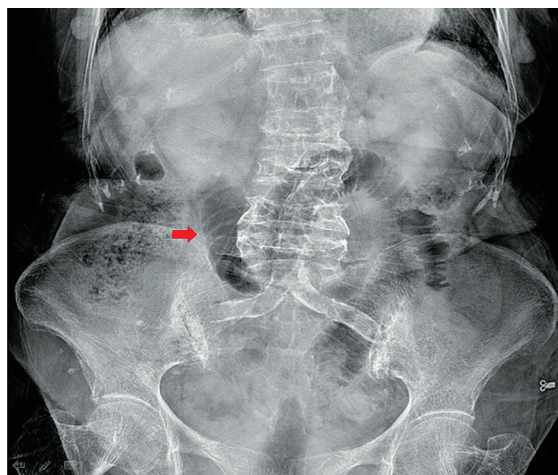


## Clinical Images

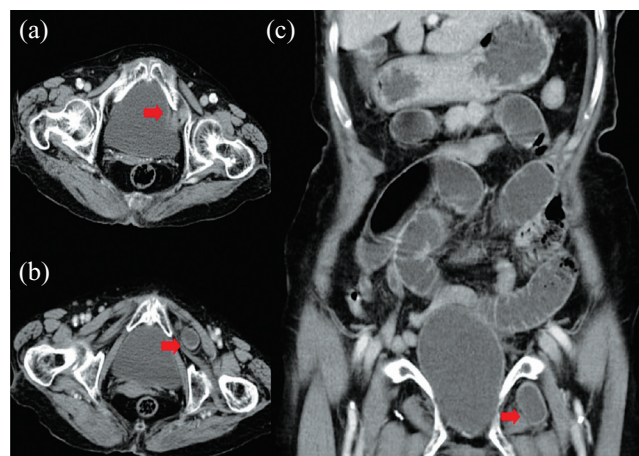
### Obturator hernia: a rare cause of acute small bowel obstruction



**Fig. 1.** Plain abdominal radiograph showing segmental dilated loops of the small intestine in middle and lower abdomen (red block arrow).

An 89-yr old woman presented to the emergency department, Tri-Service General Hospital, Taiwan, with diffuse abdominal pain for one day in April 2012. Her abdomen was distended, hypoactive and tender without palpable masses. Abdominal plain radiograph showed intestinal obstruction (Fig. 1). The computed tomography (CT) of abdomen demonstrated incarceration of the small bowel into the left obturator foramen (Fig. 2). An obturator hernia with intestinal obstruction was diagnosed. She underwent emergency laparotomy combined with hernia repair and resection of the affected bowel. She exhibited no symptoms two months after discharge.

An obturator hernia is an infrequent but significant cause of bowel gangrene, especially on the left, accounting for 1.6 per cent of intestinal obstructions<sup>1</sup>. It is difficult to diagnose early because of initial non specific presentations. Prompt abdominal CT scan may reveal herniated loops of small bowel protruding the obturator foramen and lying between the pectineus and obturator muscles<sup>2</sup>. Appropriate image studies and



**Fig. 2.** The axial CT scan of abdomen showing incarcerated bowel loop protruding into the left obturator foramen (a, b, red block arrow). The longitudinal CT image of abdomen demonstrated a small bowel loop between the left obturator externus and pectineus muscles and diffused dilatation of small bowel loops (c, red block arrow).

immediate surgical intervention can prevent possible bowel ischaemia and improve clinical outcomes<sup>3</sup>.

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