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A rare cause of small-bowel obstruction in a nonagenarian

Zoe Garoufalia, MD*, Stylianos Kykalos, MD, PhD

Second Department of Propaedeutic Surgery, "Laiko" General Hospital, National and Kapodistrian University of Athens, Medical School, Greece

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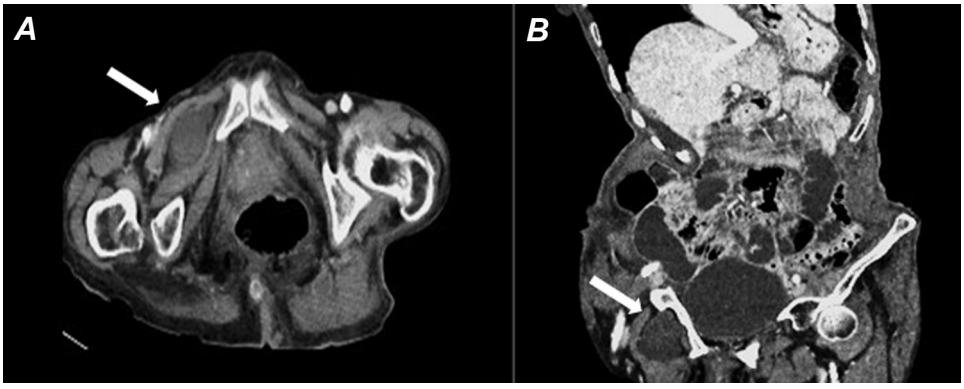

Figure. Abdominal computed tomography scan. (*A*) Axial and (*B*) coronal cross section of the patient demonstrating the right incarcerated obturator hernia (*arrows*).

A 91-year-old female patient was admitted to the emergency department because of colicky abdominal pain and obstipation. The patient also complained about pain in the anteromedial aspect of the thigh, which was relieved by thigh flexion. The symptoms lasted for 8 hours. Because of her medical history of dementia, most of the information was obtained from her daughter. The only earlier surgical intervention was an appendicectomy at 18 years of age. The patient was tachycardic and afebrile during admission, with hyperactive bowel sounds and mild abdominal tenderness. No incarcerated hernias were noted in the groin or femoral triangle. Plain abdominal radiograph demonstrated a few air-fluid levels in a stepwise pattern. An abdominal computed tomography scan was performed and demonstrated incarcerated hernia in the obturator foramen (Figure).

The patient underwent urgent laparotomy. After reduction of the hernia sac and contents, segmental small-bowel resection was performed because of ischemic necrosis of the incarcerated part of the jejunum. The obturator foramen was repaired with prosthetic mesh. The patient's postoperative course was uneventful and she was discharged 6 days postoperatively.

Obturator hernia is an extremely rare type of hernia. Its early diagnosis is challenging because the signs and symptoms are nonspecific. Prompt detailed imaging and high clinical suspicion is paramount to diagnose and treat, without compromising bowel viability.

Conflict of interest

The authors declare no conflicts of interest.

* Reprint requests: Zoe Garoufalia, MD, Second Department of Propaedeutic Surgery, "Laiko" General Hospital, 17 Agiou Thoma Street, 11527, Athens, Greece.
E-mail address: zoegaroufalia@gmail.com (Z. Garoufalia).

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