

# THE SEPTUAGENARIAN'S HERNIA: DECEPTIVELY DEADLY

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## Introduction

Obturator hernias (OH), which account for only 1% of all abdominal wall hernias, frequently cause bowel obstruction in over 80% of cases. Due to their nonspecific symptoms and subtle signs, these hernias often result in delayed diagnosis and presentation, leading to increased morbidity and mortality. This issue is particularly pronounced in elderly patients, who may be emaciated and unable to effectively communicate their symptoms, further delaying diagnosis and treatment.

## Case description

A multiparous 75-year-old woman, with no known medical history presented with a sudden onset of severe, colicky pain in her left groin. She reported similar symptoms intermittently for past 3 months with on and off constipation. Patient is hemodynamically stable and abdominal examination only showed tenderness over left groin. An abdominal X-ray revealed focal, marginally dilated small bowel loops in the pelvic region, suggesting a possible bowel obstruction. A subsequent computed tomography (CT) scan of the abdomen identified an OH causing the small bowel obstruction. The patient had an emergency laparoscopic repair of the obstructed hernia and was subsequently discharged in good condition.

## Discussion

OH is rarely diagnosed preoperatively, with only 20-30% of cases identified due to its vague symptoms and subtle physical signs. OH, also known as "little old lady's hernia," affects women nine times more often than men due to their broader pelvis, which has a larger triangular obturator canal opening with a greater transverse diameter, as well as a history of pregnancy. Several studies have indicated high morbidity and mortality rates in these cases, with morbidity reaching 75% and mortality up to 47.6%. Early diagnosis and appropriate perioperative resuscitation are critical for improving surgical outcomes. Studies have demonstrated that CT scans are recommended for detecting OH. CT scans should be considered as first-line investigation for diagnosing acute abdominal symptoms in elderly due to their ability to provide rapid and accurate diagnosis, especially in cases with unclear symptoms and physical signs.

## Conclusion

Clinicians should prioritize recognizing obturator hernias, especially in elderly multiparous women with unexplained intestinal obstruction, due to the poor outcomes linked to delayed diagnosis.

## Keywords

Obturator hernia, acute abdomen geriatric