PICTURES IN DIGESTIVE PATHOLOGY

Obturator hernia responsible for intestinal obstruction

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CASE REPORT

A woman of 87 years was moved to the surgery service because of abdominal pain and distention of 24 hours of evolution accompanied by vomiting without emission of gases or stool.

No relevant medical history.

Examination revealed a distended, soft and palpable, tympanic abdomen, with no peritonitis and no appreciable hernia defects.

Laboratory tests showed leukocytosis with neutrophilia and plain abdominal radiography showed dilated bowel loops.

Given the suspicion of an obstruction of the small intestine, it was performed an abdominal and pelvic CT scan urgently, which disclosed an image of left obturator hernia as a cause of occlusion, presence of dilated small bowel loops and free fluid. (Fig. 1)

The patient was operated urgently carrying out a hernioplasty without bowel resection. After surgery the patient did well.

Fig. 1. Falta.

RECOMMENDED REFERENCES

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