

REVIEWER'S REPORT

Manuscript No.: IJAR-55564

Title: A Hernia You Dont Palpate: CT Diagnosis of Obturator Hernia,

Recommendation:

Accept as it isYES.....

Accept after minor revision.....

Accept after major revision

Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality		√		
Techn. Quality		√		
Clarity		√		
Significance		√		

Reviewer Name: PROF. DR DILLIP KUMAR MOHAPATRA

Detailed Reviewer's Report

Manuscript Title

A Hernia You Don't Palpate: CT Diagnosis of Obturator Hernia

1. Strengths

Clinically important and rare condition

Obturator hernia is an uncommon but life-threatening cause of small bowel obstruction. Highlighting this entity is valuable for clinicians, surgeons, and radiologists.

Clear educational message

The manuscript effectively emphasizes the diagnostic difficulty of obturator hernia and the importance of CT imaging when physical examination is unremarkable.

Well-documented case presentation

The clinical history, imaging findings, intraoperative confirmation, and postoperative outcome are clearly described and logically sequenced.

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Appropriate use of imaging

CT findings are well explained with correct anatomical descriptions (between pectineus and obturator externus muscles), reinforcing radiological teaching points.

Relevant literature support

The discussion is well supported by up-to-date and appropriate references, including recent studies emphasizing CT as the diagnostic modality of choice.

Ethical compliance

Institutional Review Board approval, informed consent, and conflict of interest statements are clearly documented.

2. Weaknesses

Single case limitation

As a single case report, the findings cannot be generalized, and broader conclusions regarding outcomes or management strategies are limited.

Limited novelty

Although well written, similar case reports of CT-diagnosed obturator hernia have been previously published, reducing the novelty of the manuscript.

Imaging figures not provided in-text

While figures are described, the diagnostic value would depend heavily on the quality and labeling of CT images, which should be critically clear for publication.

Minimal discussion on differential diagnosis

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A brief comparison with femoral hernia, inguinal hernia, and other causes of medial thigh pain could strengthen the educational value.

Surgical approach details could be expanded

More detail regarding the choice of laparotomy over laparoscopic repair and perioperative decision-making would enhance surgical insight.

3. Significance of the Study

The manuscript reinforces the **critical role of CT imaging in diagnosing occult hernias**, particularly in elderly patients with bowel obstruction and no palpable groin mass.

It highlights a **classic but often overlooked clinical clue (Howship–Romberg sign)** and integrates it effectively with radiologic findings.

The report contributes to continued **clinical awareness**, which is essential given the high mortality associated with delayed diagnosis of obturator hernia.

The case serves as a **useful teaching reference** for emergency physicians, radiologists, and surgeons, especially in resource-limited or high-volume settings.

4. Key Points

Obturator hernia is a rare but dangerous cause of small bowel obstruction with high mortality.

Absence of a palpable groin mass does not exclude a hernia.

Medial thigh pain in an elderly, thin woman with bowel obstruction should raise suspicion for obturator hernia.

CT scan is the **gold standard** for preoperative diagnosis.

Early radiological diagnosis followed by prompt surgical intervention significantly improves outcomes.

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Careful evaluation of the obturator canal on axial and multiplanar CT images is essential.