

REVIEWER'S REPORT

Manuscript No.: IJAR-55564

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

Recommendation:

Accept as it is

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: Dr. Amina

Reviewer's Comment for Publication.

The manuscript presents a clear and clinically relevant case report highlighting the diagnostic challenges of obturator hernia and the crucial role of computed tomography in its early detection. The topic is important due to the rarity of the condition, its nonspecific clinical presentation, and its association with high morbidity and mortality when diagnosis is delayed. The title is appropriate and engaging, accurately reflecting the diagnostic dilemma addressed in the paper.

The case description is well organized, concise, and supported by relevant imaging findings. The authors provide a thorough discussion of the epidemiology, clinical features, and imaging characteristics of obturator hernia, with appropriate reference to current literature. The emphasis on medial thigh pain (Howship–Romberg sign) and the value of CT in elderly patients with bowel obstruction adds educational value for both clinicians and radiologists.

Minor revisions are recommended to further strengthen the manuscript. Some typographical and spacing inconsistencies are present and should be corrected for improved readability. The abstract and discussion could be slightly streamlined to reduce repetition regarding the role of CT imaging. Additionally, clearer labeling and brief descriptive captions for the figures would enhance interpretability, particularly for readers less familiar with pelvic anatomy.

Overall, this is a well-written and informative case report that contributes meaningfully to clinical awareness of a rare but serious condition. The manuscript is suitable for publication after minor revisions addressing the points noted above.

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