Obturator Hernia Masquerading as Sciatic Pain: A Case Report and Post-rehabilitation Outcomes

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Background

- Sciatic pain is commonly attributed to lumbar spine pathology, but extra-spinal causes may mimic radiculopathy and delay definitive treatment.
- Obturator hernias are rare (0.05-1.4% of all hernias), occur predominantly in elderly, thin, multiparous women, and are associated with substantial morbidity when diagnosis is delayed.
- Small bowel obstruction is the most common presentation (63%), followed by abdominal/groin pain (57%) and medial thigh pain radiating toward the knee (37%).

Objective

To highlight obturator hernia as an uncommon mimic of sciatic pain and describe the patient's clinical and functional course after definitive surgical treatment.

Methods

Single-patient case report with review of presenting symptoms, diagnostic imaging, surgical management, and inpatient rehabilitation outcomes.

Case Presentation

Presentation	Diagnostic Workup	Treatment & Recovery
85-year-old female with severe intermittent low back pain radiating down the right leg into the foot, right leg weakness, and persistent nausea/vomiting. Pain was refractory to therapy, opioids, lidocaine, and steroid injections.	Hip radiographs showed no acute abnormality. Lumbar CT showed chronic T12-L3 insufficiency fractures and grade 1 L4-L5 anterolisthesis. CT abdomen/pelvis revealed partial versus early complete small bowel obstruction from a right obturator hernia between the obturator externus and pectineus muscles.	The patient underwent emergent laparoscopic right obturator hernia repair on 11/1 without bowel resection. Her radiating pain resolved after surgery, and she progressed during inpatient rehabilitation.

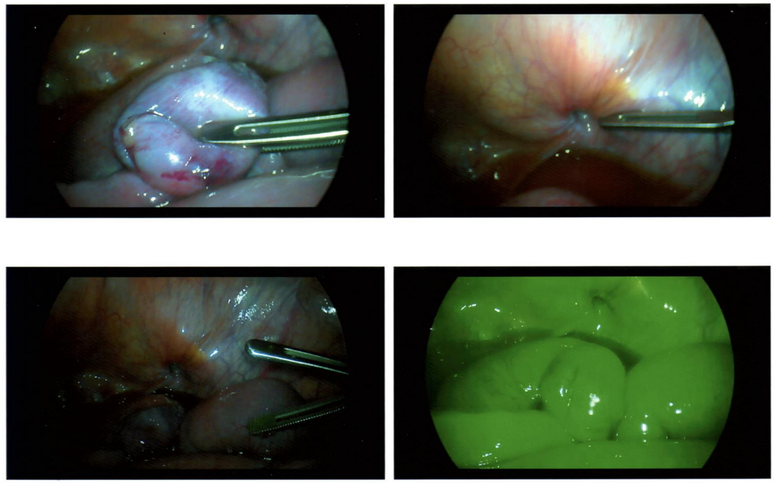
Results

Timeline	Key Details
1. Presentation	Low back pain radiating to the right foot, right leg weakness, and nausea/vomiting.
2. Initial Imaging	Hip X-ray negative; lumbar CT showed chronic degenerative and insufficiency fracture changes.
3. CT Abdomen/Pelvis	Small bowel obstruction secondary to a right obturator hernia.
4. Surgery	Emergent laparoscopic repair; no bowel resection required.
5. Rehabilitation	Pain resolved; improved mobility, transfers, and ambulation during inpatient rehabilitation.

Key Findings

Domain	Key Findings
Pain Pattern	Low back pain radiating down the right leg into the foot, mimicking sciatica.
Associated Symptoms	Persistent nausea/vomiting and small bowel obstruction.
Definitive Diagnosis	Right obturator hernia on CT abdomen/pelvis.
Postoperative Outcome	Radiating pain resolved after hernia repair.
Functional Outcome	At discharge, she was independent with all self-care tasks except lower body dressing (5), footwear management (4), and showering (5). She progressed toward independence with ambulation of 150 feet, mobility, and transfers.

- Pain resolved after hernia repair.
- No bowel resection required.
- Meaningful functional improvement during inpatient rehabilitation.



Discussion

- Obturator hernia can compress the obturator nerve and clinically overlap with lumbar radiculopathy or sciatic-type pain.
- Classically, obturator hernia causes medial thigh or knee pain (Howship-Romberg sign), but this patient instead had foot-radiating sciatic-like pain.
- Atypical neurologic findings, abdominal symptoms, or failure of conventional pain treatment should prompt broader diagnostic evaluation.
- Early CT imaging is important because delayed diagnosis may increase the risk of incarceration, strangulation, bowel compromise, and mortality.

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