Reply to Letter to Editor “Obturator Hernia with Kyphosis”. Kim YW, Kim IY. DOI 10.1007/s10029-013-1189-1

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We thank Kim and Kim for their letter [1] describing a fascinating case of a non-surgically managed spontaneous resolution of an obturator hernia in an elderly kyphotic woman. Both our cases highlights that abdominal computed tomography (CT) scan is the gold-standard diagnostic tool [1, 2]. It appears that nasogastric decompression and judicious progression of diet can be a possible non-operative approach. However, we agree that the mainstay of treatment remains surgical correction [2, 3]. Recognising that surgical intervention may not always be possible in patients with poor performance status and multiple comorbid conditions, we concur with the authors that this

truly is a dilemma for surgeons who encounter patients who have a correctable surgical condition, yet are unsuitable because they are not fit for general anaesthesia.

Conflict of interest The authors (JJL, JKL) each declare that they have no disclosures to make.

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