

GROIN PAIN IN ATHLETICS: DIAGNOSTIC AND SURGICAL ASPECTS

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Groin pain in athletics may represent a diagnostic challenge.

One should differentiate between children and adolescents versus adult sport active people since both groups suffer from different disorders at the hip girdle.

In adolescence acute pain at this region could be due to an avulsion at the bony apophysis as for instance lesser trochanter, inferior or superior iliac spine or avulsion at the Ischiopubic area. The treatment for these lesions is conservative.

In case of acute or chronic complaints one should always keep in mind the possibility of an acute or chronic epiphysiolysis at the femoral head. Urgent surgical treatment is mandatory in this situation. Tendon lesions are extremely rare in adolescence. Minor growth disorders as for instance "Von Neck disease" are often painless although they can cause some discomfort in sports active adolescents. In the adult group the possible causes of groin pain are multiple due to disorders at the bone, joints, tendon or muscles, nerves or the urogenital system.

Acute onset of groin pain often relates to a tendon lesion with a partial or complete rupture. Chronic complaints can be the consequence of a previous tendon or muscle lesion with persistent pain due to calcification or fibrosis within the affected part of tendon or muscle.

The so called "Pulalgia" seen in football players represents a typical clinical image whereas technical investigations are often irrelevant. It is due to so called shear lesions at the tendon insertions or an insertion tendopathy of the Rectus Abdominis or adductor muscles.

If conservative treatment fails, surgery could be indicated in order to enable the player to continue to play football. Arthropathy at the symphysis or at the hip joint have to be excluded in case of groin pain and in sports people stress fractures at this area represent a possible explanation of groin pain.

Any affection of the nervous or urogenital system, which are of course not related to sports activity as such, have also to be considered for differential diagnosis in case of chronic pain at the groin.
