

ATHLETIC PUBALGIA

a.k.a. “Sportsmans Hernia”, “Sports Hernia” or “Gilmore Groin”

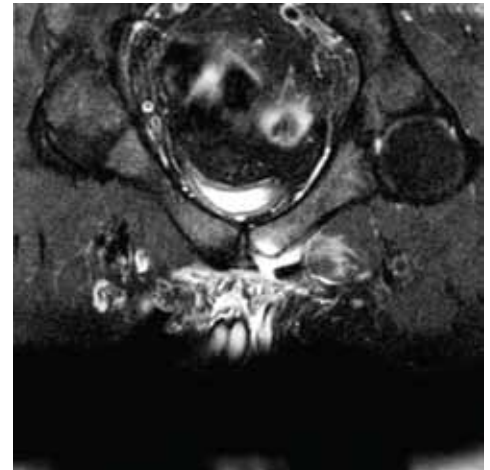


Groin pain in the athlete can be a complex clinical problem. Many patients will feel frustration, not only with the pain, but also with the impact it has on their individual sports performance. Difficulty in properly diagnosing the symptoms and long convalescence times can add to the problem. Because the groin and pelvis have such complex anatomy, it can be difficult to make a proper diagnosis. When specifically tailored, MRI can be extremely helpful in pinpointing the cause of pain and suggesting targeted therapy. Common causes of hip and groin pain such as iliopsoas bursitis, acetabular labral tears, stress reactions, and stress fractures are often readily apparent on MRI, but may not be seen using other imaging modalities.

A common cause of groin/hip pain in athletes has been historically classified as a sports hernia. However, in most cases the patient does not have a hernia at all. Rather, these patients most often exhibit a spectrum of osseous, musculotendinous or hip joint pathologies that are better described by the term “athletic pubalgia.” A common cause of pain in these athletes is related to altered mechanics at the tendinous insertions of the hip adductors and the rectus abdominus muscles onto the pubis bones. This situation leads to tendon injury, inflammation and pain. Athletes with these types of injuries often will not improve quickly without targeted non-invasive, minimally invasive, or surgical repair.

Because many athletes desire expedited improvement, percutaneous therapies have been advocated for athletic pubalgia to treat tendinous pathology at the pubis bones. Anesthetic and steroid injection into the symphysis pubis, which then spreads to the affected tendons, has been found to be very effective in treating the pain and allowing return of function. This therapy, however, is unlikely to speed healing. A newer therapeutic approach, advocated by the orthopedic and sports medicine literature, utilizes platelet rich plasma (PRP). This therapy targets the injury and attempts to “jump start” the healing process with growth factors found within platelets. Surgical therapies are directed at strengthening and stabilizing the tendinous attachments at the pubis bones. However, surgical interventions are often put off until the end of the sports season.

References:: <http://ajs.sagepub.com/content/34/11/1774.abstract&reason=0>



Cor obl T2 FS image demonstrating a high-grade partial tear of the left adductor tendons at the insertion on the left pubis bone (the tendon was attached at a lower level).



Cor obl T2 FS image demonstrating subtle stress fractures of the pubis bones and flow-grade partial tearing of the tendons of the left adductor muscles.

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