Pubalgia Athlete - Longstanding Groin Pain
What is and what is not?

Marc Bouvard
Matthieu Sailly
Alain Lippa

The author had no conflict of interest concerning the data of the communication
Pubalgia Athlete

high incidence recurrence

No consensus nosology, diagnostic strategy, treatment
Pubalgia Athlete
What is not

Osteoarthritis
femoro-acetabular impingement
Pubalgia Athlete
What is not

breakout apophysis
Pubalgia Athlete
What is not

Stress Fracture
Pubalgia Athlete
What is not

myotendinous injury psoas major
Pubalgia Athlete
What is not

internal obturator injury
«one disease crossroads pubic expressed
by a frequently recurring pain syndrome (Brunet 1983)
related to physical effort (Durey and Rodineau 76);
mainly affects the bone-tendon-muscle chain
(Orchard 2001)
and grouping in isolation or combined four
clinical forms»
(Bouvard et coll. J. Traumatol. Sport 2004,21, 146-163)
It affects the symphysis joint (Vidalin 2008) with radiological signs described previously but also the adjacent bony branches and enthesitis (Gebothni et Roger 96, Barile 2000, Orchard 2001, Verall 2008)
1 - ostéoenthesitis pubis
Pubic Symphysis of Teenager (M. Sailly)

Poor scientific literature on the symphysis of the teenager and young athlete pubic pain

young between 15 - 21 years
Elective progressive pain enthesis Adducteur Longis - Gracilis
Painful muscle testing
Paraclinique
Standard Radiography aspecific
IRM
axial sequense T1 Spir + gadolinium
CT
axial section +++

MRI Study
The maturation of the symphysis is between 15 and 25 years

Cadaveric and MRI study of the musculotendinous contribution to capsule of symphysis pubis. Robinson P and all 2006
Pubic Symphysis of Teenager

Conclusion:

In young athletes, the maturation of the pubic symphysis is complete at age 25.

May be delayed by repeated mechanical stress:

>> Delay or failure of fusion of ossification nucleus
Il – tendinopathy of the rectus abdominis

Already cited by Durey and Rodineau in 76 and confirmed by 2 MRI studies

III – Adductor tendinopathy

They affect the body or the insertion. The Adductor Longus is most affected.

These tendinopathy may be complicated of tunnel syndrome.
Adductor tendinopathy

The obturator nerve entrapment syndrome can complicate this tendinopathy.


EMG ≥3 months and infiltration Test

IV - the suffering of the inguinal canal (Nesovic)

Deficiency of the posterior wall recognized by many surgeons and 2 types of complementary examinations


• Injury of the anterior wall
  (Irschad K. hockey groin syndrome**: 12 years of experience in National Hockey League players, Surgery, 2001)

• Secondary entrapment of Ilioinguinal and iliohypogastric nerves

Infiltration test (Bouvard et Wurmsner JTS 2005)
This definition "unicist" but confined to the pubalgia is motivated by knowledge of anatomy.

Frequency of associated forms. They reach 25 to 85% of pubic pain in clinical studies. MRI studies evaluating the forms associated with 15%, but they ignore the damage of the inguinal canal.

The second argument is for sharing all these forms of the same pathophysiological factors.

This conception of the pubalgia makes us a global management hub pubic biomechanics.
Pubalgia Athlete
This intimate relationship between the long adductor, the abdominal and the pubic symphysis is the anatomic substrate to design a single whole biomechanical stability ensuring anterior pelvis and the force transmission on either side of the pubic bone. This "confluence" of anatomical elements explains the frequency of association with different clinical forms and encourages a unicist design of the diagnostic and therapeutic management of the pubalgia athlete.

**NB : Two clinical examinations at rest and after several days of sports**
« Ose te servir de ton entendemment »
Emmanuel Kant
Critique de la faculté de juger - 1790

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