



Hernia Management in the Athlete

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Keywords

• Sports hernia • Groin pain • Athletic groin pain • Pubalgia

Key points

- Groin injuries are common in sports because of the forces exerted around the pelvis in high-level athletes.
- The approach to athletic groin pain requires a multidisciplinary approach involving sports orthopedists, athletic trainers, and surgeons.
- Surgeons who evaluate athletes with groin pain should be well versed in the differential diagnosis and evaluation strategies.
- Surgery for athletic pubalgia/sport's hernia is appropriate for athletes who fail to respond to conservative management and who have appropriate findings on imaging and physical examination.

Much attention has arisen in recent years regarding the condition in high-performance athletes popularly known as sport's hernia. The term sport's hernia is actually a misnomer in the sense that it does not represent a true herniation of internal contents through the inguinal floor, and this condition is better termed athletic pubalgia or inguinal disruption to more appropriately represent the actual pathophysiology of the condition. Although athletes may have a true inguinal hernia, this is relatively uncommon in comparison with the overall incidence of groin injuries. Therefore, a review of this condition as well as a discussion of the management of inguinal hernia in athletes can better form the basis of a structured approach to this unique population.

There is much confusion around the terminology of sport's hernia, which has been described by various terms listed in Box 1 that include athletic

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Box 1: Various terminologies for athletic-related groin pain

- Sport's hernia or sportsman's hernia
- Abdominal core injury
- Athletic pubalgia
- Hockey groin syndrome
- Gilmore's groin
- Inguinal disruption
- Posterior abdominal wall deficiency
- Pubic inguinal pain syndrome
- Doha conference terminology [6].
 - Inguinal-related groin pain
 - Adductor-related groin pain
 - Pubic-related groin pain

pubalgia, abdominal core injury, posterior abdominal wall deficiency, Gilmore groin, hockey groin syndrome, and others [1–4]. In 2014, the British Hernia Society convened a consensus conference of experts from across the United Kingdom to address this issue [5]. This group recommended the term “inguinal disruption,” which reflects the weakening in the inguinal floor and tension across the pubis and inguinal ligament that results. In November 2014, a world conference on this topic was held in Doha, Qatar, that involved 24 experts and that used a Delphi process and systematic reviews of the literature [6]. This group recommended 3 broad groups of groin pain: (1) defined clinical entities for groin pain with 4 subgroups (adductor-related, iliopsoas-related, inguinal-related, and pubic-related), (2) hip-related groin pain, and (3) other conditions causing groin pain in athletes (eg, neurologic, spine, urologic). For the purposes of this review, the term athletic pubalgia is used to broadly reflect the athletic groin pain conditions that impact the general surgeon with use of inguinal disruption and inguinal and adductor-related pain, as appropriate.

BACKGROUND AND EPIDEMIOLOGY OF GROIN INJURIES

Groin injuries are a common problem in sports because of the forces exerted around the pelvis when athletes move at high speed. Sports such as soccer, football, and ice hockey are the ones most commonly associated with groin injuries because of the frequency that athletes go through sudden cutting, turning, and kicking motions at a high rate of speed. Although these injuries can be related to contact due to a force applied against a muscle when it is eccentrically contracted and a sudden force further stretches that muscle, many of these are actually noncontact in nature. The most common groin

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