Commentary for chapter 20: How do you treat chronic groin pain?

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Over the last 15 years the surgical management of inguinal groin pain in athletes has been controversial. Numerous anecdotal reports and case series have suggested that surgical repair of the inguinal canal or external ring provides good pain relief and a quick return to sport (see original text references 5,14,15,36,37). While these trials have suffered from methodological flaws, they have identified a possible clinical entity and have indicated the need for further research. Unfortunately many surgical series have continued to be published with no change in the methodology of the research. However, Ekstrand and Ringborg have now provided a landmark study with a prospective, randomised trial of surgical versus conservative treatment in the management of a group of athletes with chronic inguinal groin pain. The results of this trial provide evidence of the benefit of inguinal surgery in this group of athletes and support the premise that this is a pathological entity that is clearly distinct from osteitis pubis. This study will assist in the understanding and management of groin pain in athletes and finally may further clarify the loose clinical term of ‘pubalgia.’

It has been common for health practitioners to prescribe compression shorts for athletes with groin pain and McKim and Taunton have now provided evidence that compression shorts provide a significant reduction in pain during activity for athletes with osteitis pubis.

MRI is now showing that it is a useful investigation in athletes with groin pain and provides practitioners with an important investigative tool that does not involve ionising radiation. While its use in the management of osteitis pubis is promising, further research is needed in the histopathology of osteitis pubis to define the value of MRI and further assist in clinical management.

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