ATHLETIC PUBALGIA AND ADDUCTOR TENDON AVULSION REPAIR IN A COLLEGIATE FOOTBALL PLAYER
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Background: Athletic pubalgia is an injury involving the lower abdomen and inguinal region. It is used to describe conditions in patients presenting with lower abdominal and inguinal pain, which increases with exertion. A 20-year-old male football player reported to the athletic training staff during pre-season football practice complaining of pain in his groin for greater than two months. Evaluation revealed no point tenderness in the inguinal region, no visible edema, and no palpable deformities. Valsalva maneuver was negative. Resisted hip flexion and adduction elicited pain. Differential Diagnosis: adductor strain, hernia, osteitis pubis.

Treatment: An initial diagnosis of adductor strain was reached after referral to the team physician, a general practitioner. A regimen of rest and rehabilitation, focusing on adductor strengthening was initiated and continued for two months with no reduction in pain. A second referral to a general surgeon, resulted in a diagnosis of adductor strain. A third referral and evaluation by an orthopedic physician, and subsequent MRI, two months later, revealed an avulsion of the rectus abdominis at the pubic bone. The athlete underwent a laparoscopic procedure to repair the tear. He was ordered to rest for a period of four weeks, followed by a structured, gradual return to activities of daily living and sport specific training. The athlete was able to return to football specific conditioning and spring football practice three months post-operative. During a spring football practice, the athlete’s leg was forced into a hyper-abducted position, resulting in a return of groin pain. He reported weakness and pain with adduction. Palpation of the adductor muscle group revealed a noticeable mass. A follow up appointment with the operative physician was scheduled, who diagnosed an adductor avulsion which was then repaired surgically during the summer months. The athlete was cleared to participate in fall football practice after four weeks. Uniqueness: Unresolved groin pain in an active individual is generally indicative of a more severe condition. Athletic pubalgia is a condition found in high-performance athletes. This case is unique in that the number of initially diagnosed cases of athletic pubalgia remains low. Furthermore, the athlete sustained an adductor avulsion following a surgical repair of the pelvic floor, which required a second surgical repair. Conclusion: Persistent groin pain that increases with activity should be investigated fully. This case highlights the need for awareness and recognition of the signs and symptoms of athletic pubalgia to ensure appropriate treatment. Key Words: groin, sports hernia, pelvic floor. Word Count: 426