Acute Onset Athletic Pubalgia in a Collegiate Football Player
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**Background:** A 21-year-old male collegiate football player complained of lower abdominal, groin, and testicular pain after diving for a pass and landing on his posterior sacral region. An initial assessment by an athletic training student revealed no rebound tenderness, nausea or abdominal pain consistent with internal injury. Further evaluation revealed tenderness on palpation of the pubic bone, most specifically at the pubic tubercle. Manual muscle testing revealed pain and weakness with hip flexion, hip adduction, and medial rotation of the thigh. Also, the athlete had pain and weakness when manual muscle testing was performed on the rectus abdominus and left internal oblique. There was no pain when doing sit-ups however, leg lifts from the supine position produced pain primarily on the left side. The athlete reported that his pain was located over the most distal portion of the left rectus abdominus. There was no previous history of abdominal or groin strains. The initial diagnosis was an abdominal and groin strain. The athlete was restricted from activity and placed on a treatment and rehabilitation program to increase flexibility and strength in the abdominal and groin area. One week after the initial injury, the athlete’s symptoms became progressively worse and he was referred to the team physician who ordered x-rays and an MRI. **Differential Diagnosis:** Groin and Abdominal muscle strains, Pubic Stress Fracture, Inguinal Hernia, Intramuscular Hematoma, Osteitis Pubis

**Treatment:** Radiographic images were negative so the athlete decided to leave preseason training camp for the remaining two weeks to recover from the injury. After two weeks he returned for the regular season and participated as tolerated while continuing his rehabilitation program. Eight weeks after the injury, the athlete still reported pain and the inability to sprint at 100%. He became frustrated due to the chronic pain and the inability to participate fully. A certified athletic trainer performed a second assessment and diagnosed the condition as athletic pubalgia. A second physician evaluation confirmed the presence of athletic pubalgia. The athlete was placed on a conservative rehabilitative and core stability program as tolerated. Electrical stimulation and therapeutic ultrasound were used to promote tissue healing and alleviate pain. **Uniqueness:** Typically, athletic pubalgia occurs in soccer and ice hockey players due to the constant shearing forces through the pubic tubercle from the nature of the sport. The constant twisting and simultaneous abdominal and hip adductor contractions create micro-tearing of muscle tissue and lead to a gradual onset of athletic pubalgia. This case is unique because of the mechanism of injury. The athlete sustained a blow from impacting the ground to his posterior pelvic region with enough force to compromise the integrity of the anterior abdominal wall. **Conclusion:** After consultation with another physician, the athlete decided to have surgical intervention to correct the micro-tears in the anterior abdominal wall. The surgeon inserted a mesh patch, which acts as an anchor to fortify the micro-tears in the muscle tissue. The athlete has fully recovered and now participates in recreational sports including intramural basketball. **Word Count:** 517