
Preface

Groin pain syndrome is an important current clinical topic in sports medicine, but the syndrome is still not well known and its characteristics are debatable, while its patterns of diagnosis and treatment are often imprecise and fragmentary.

The classification and identification of a diagnostic taxonomy for the syndrome have not yet found a common interpretation. Therefore, gaining actual agreement among the different specialists that face the clinical issues of this entity is often difficult.

The terminology used in the literature includes, often inappropriately, a very large number of terms and definitions. Therefore, there is a need to organize and better classify the numerous clinical symptoms that can constitute groin pain; only in this way will it will be possible to reach a correct diagnosis and then provide the correct treatment.

This syndrome covers a range of symptoms, localized in the groin area, that often have a multifactorial etiopathogenesis, and as a consequence, treatment will involve practitioners from different medical specialties. The syndrome provides a clear example of how interaction and cooperation among different professional approaches, sharing patterns of diagnosis and procedures, may be fundamental in improving treatment.

This book aims to summarize the state of the art in the treatment and diagnosis of groin pain syndrome in an innovative way, considering the set of problems from different professional points of view and searching for a shared synthesis.

In the first chapter, a new classification of groin pain syndrome is suggested for a more precise differential diagnosis; this is based on the results of the recent Consensus Conference, held in Milan on February 5, 2016, with the participation of major Italian experts in the field.

The groin area is extremely complex, both from the anatomical and biomechanical points of view, and these topics will be analyzed, together with radiological diagnoses, to complete the introductory part of the book. The next part of the book describes orthopaedic pathologies that can cause groin pain; the different pathologies are examined both in terms of the diagnosis and in terms of the relevant treatment; we focus on labrum lesions; chondral damage; and pathologies of the central, peripheral, and peritrochanteric compartments.

The main pathology that causes groin pain is certainly femoroacetabular impingement, and above all, cam impingement, where a femoral bump leads

to an articular conflict between femur and acetabulum, with associated bio-mechanical alteration; this produces compensatory stresses in other anatomical areas, such as the pubic symphysis, the sacroiliac joint, and the abdominal lining.

Also, groin pain can often be caused by visceral pathologies that are very important to understand and evaluate.

The so-called sports hernia is quite frequent in sportsmen, and is often not well diagnosed or well treated. Therefore, there is a need for correct diagnostic and therapeutic approaches; these are explained in Part II of this book.

Many tendon and muscle pathologies are also a frequent cause of groin pain, and in Part III of this book, these are discussed in depth, with particular attention paid to the adductor tendons, ileopsoas tendons, and abdominal muscles that can frequently be involved in atypical groin pain.

The pubic bone, both at the symphyseal joint and in the bone itself, can be the target area of compensatory stress, and therefore all possible pubic pathologies are examined.

Furthermore, we must never underestimate the neurological causes of groin pain, such as those that are well identified in the so-called nerve entrapment syndrome; these causes are discussed and investigated.

The end of the book contains chapters dedicated to rehabilitation; conservative rehabilitation is discussed above all, with particular attention given to strengthening and stretching exercises, physical therapy, and hydrotherapy.

With regard to postoperative rehabilitation, different chapters will discuss rehabilitation after arthroscopic hip surgery, abdominal surgery, and tendon surgery, with indications and in-depth analysis of the most up-to-date and efficient protocols.

I believe that, in the long run, this book will make a complete and thorough contribution to a multidisciplinary approach to the groin pain syndrome, and may therefore help specialists in different fields to better understand the various and often overlapping causes of groin pain.

The scientific co-operation of distinguished international and Italian experts, whom I kindly thank for their important contributions, has allowed us to reach our target; that is, to define the state of the art in our knowledge of the groin pain syndrome and then to suggest new diagnostic, therapeutic, and organizational models for the condition.

Cotignola, Ravenna, Italy

Raul Zini

Groin Pain Syndrome

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Zini, R.; Volpi, P.; Bisciotti, G.N. (Eds.)

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