Challenges in Sports Medicine & Orthopedics

Brian L. Patterson, MD, MSc, MFSEM

Figure 1

Figure 2

A 22-year-old male football player presents with a 3-month history of increasing pain in his left groin. He states the pain is most intense while he is playing his sport and while he is performing squats during weight lifting. He denies any direct injury or trauma to the extremity, hip, or pelvis. Examination is noncontributory, except for pain elicited during adduction of the left hip against resistance. Radiographs of the left hip and pelvis are completed (Figures 1, 2, and 3).

What is your interpretation of the radiographic images?

Figure 3

Dr. Patterson, editor of "Challenges in Sports Medicine & Orthopedics," is a sports medicine physician in Winter Garden, Florida. He is board certified in family medicine and spinal cord injury medicine, and is a member of the faculty of sports and exercise medicine of the Royal College of Surgeons in Ireland.

ANSWER

Figure 1

Figure 2

Figure 3

The three radiographic images (Figures 1, 2, and 3) reveal an irregular shape and sclerotic changes to the articular surfaces of the pubic symphysis consistent with osteitis pubis. Osteitis pubis develops from repetitive stress to the joint due to adductor muscle contraction or from an infectious process. In the acute phase, radiographs are often without significant changes; however, in chronic stages findings such as those seen in the images shown here are common. Laboratory studies, including complete blood count, erythrocyte sedimentation rate, and C-reactive protein, may aid in the diagnosis, but confirmation is made with bone scan or MRI. These imaging studies are especially helpful early in the condition, when radiographs are often negative. NSAIDs, rest, and physical therapy are the foundations of treatment, with symptoms usually resolving within a few months. For patients who do not improve with conservative management, a local steroid/lidocaine injection may be helpful.[1] The injection can be performed in the clinic setting, preferably under ultrasound guidance.

REFERENCE

1. Mercier LR. *Practical Orthopedics.* 6th ed. Philadelphia, PA: Mosby Elsevier; 2008:186.