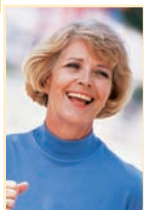


The Groaning Groin

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Denise, 43, is a healthy woman who comes to your office complaining of right groin pain that she has had for about three months.

She states that she recalls no particular precipitant or injury.

Denise's pain seems to occur with abrupt or quick movements and can stop her immediately in her tracks when it occurs. She has not noticed any swelling, bruising, or other obvious abnormalities. She is definitely limited in her activities, yet she can run without significant pain.

Denise does not have time to see a physiotherapist. She took some anti-inflammatories, but there was minimal to no relief. Sometimes, a simple maneuver in bed can aggravate her groin and cause her pain. She feels pain when she flexes her right hip and when she has intercourse.

You proceed by examining Denise. When thinking of a patient with groin pain, you have to think of all of the local problems that could be a cause of the pain and also any conditions that can cause referred pain to the groin.

After checking her lymph nodes, tender points and checking for any masses in her back, hip and local groin area, you discover that Denise experiences discomfort:

- when the hip is externally rotated and
- when she resists internal and external rotation of the hip.

Denise also comments on how much better her groin felt after you did a femoral stretch test on her right side, as part of your routine neurological examination.

You send Denise off to the physical therapist for a course of treatment and suggest that she come back in three weeks time for re-evaluation of her pain.

When thinking of a patient with groin pain, you have to think of all of the local problems that could be a cause of the pain and also any conditions that can cause referred pain to the groin.

You instruct her to avoid any activities that cause her pain and you advise her to avoid any motions that involve quick movements.



When Denise comes back in three weeks time to review her progress, she states that she feels 100% better. Although she doesn't understand why she is better, she has consistently noticed that her pain level is quite reduced whenever she does her quadriceps stretches.

Denise's groin pain diminished with simple stretching.

You encourage her to keep up her stretching and to see how it goes. You do not perform any radiologic investigations at this time because they do not seem necessary. It is a perfect ending to a very gratifying clinical situation. Or is it?

Two weeks later, Denise returns to your office and tells you that she was doing well until she went for a longer run and felt a pop-like sensation in

her right groin. Since this time, she has been limping.

At this point, you are suspicious that Denise may have suffered from a labral tear in her hip, so you order an MRI arthrogram of her right hip.

Denise's MRI arthrogram indicates that she has a labral tear in the superior aspect, from the 10 o'clock to the two o'clock position. This changes the whole outlook of her injury. It is now clear that there is a structural problem within her hip joint, so you send her to a surgeon for a professional opinion.

You don't see Denise for another three months, but you learn that her therapist worked diligently with her, both pre- and post-operatively. During her visit, you also learn that her pain is virtually gone, but she is still weak in her rotator muscles. This is something that she will have to work hard to change. You are relieved to see that Denise's groin is no longer "groaning."

The next time your groin is "groaning," make sure that you get it assessed sooner rather than later. The longer the period of time that the condition exists, the more difficult it becomes to effectively treat it. Once scar tissue settles in, then just stretching the muscle will be relieving in its own right and will allow for a better range of motion. However, it may not be this simple. The next time that your groin is "groaning," listen to it!

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