



BILATERAL ADDUCTOR TENOTOMY WITH OR WITHOUT HERNIOPLASTY IN FOOTBALL PLAYERS WITH GROIN PAIN

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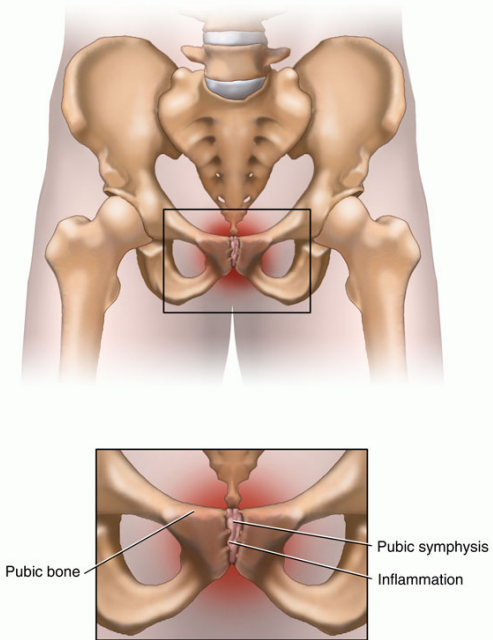
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INTRODUCTION

Pubic osteitis

Osteitis Pubis



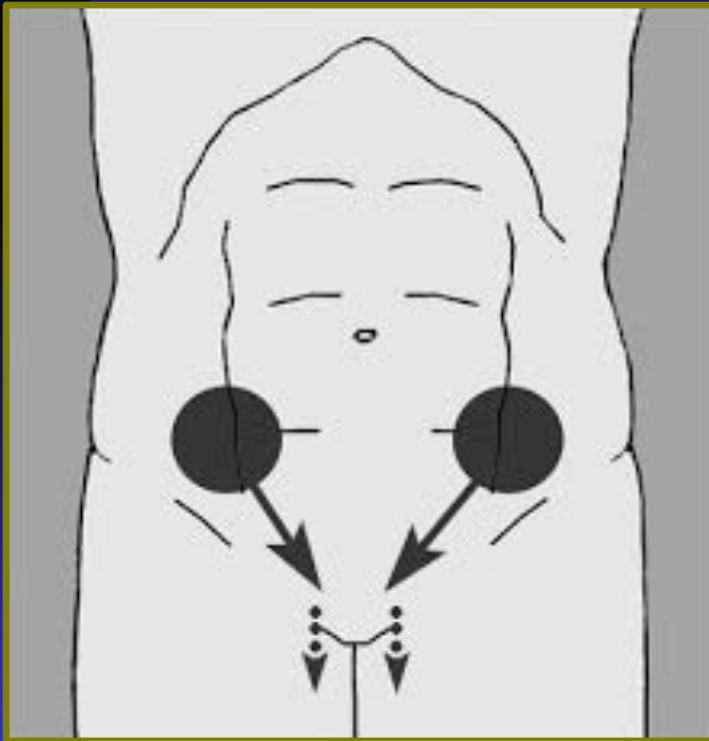
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INTRODUCTION

Sports hernia





INTRODUCTION

DIFFERENTIAL DIAGNOSIS

Loose bodies

Rectus femoris
avulsion

Iliopsoas
avulsion

Chondral
injuries

Snapping hip
syndrome

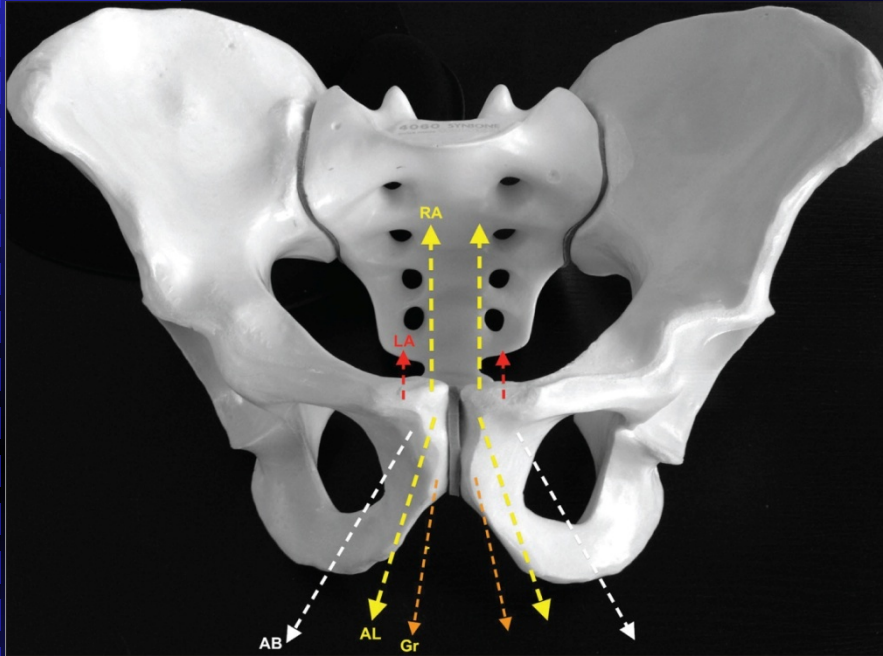
Nerve
entrapment

Bursitis

Stress fractures



INTRODUCTION

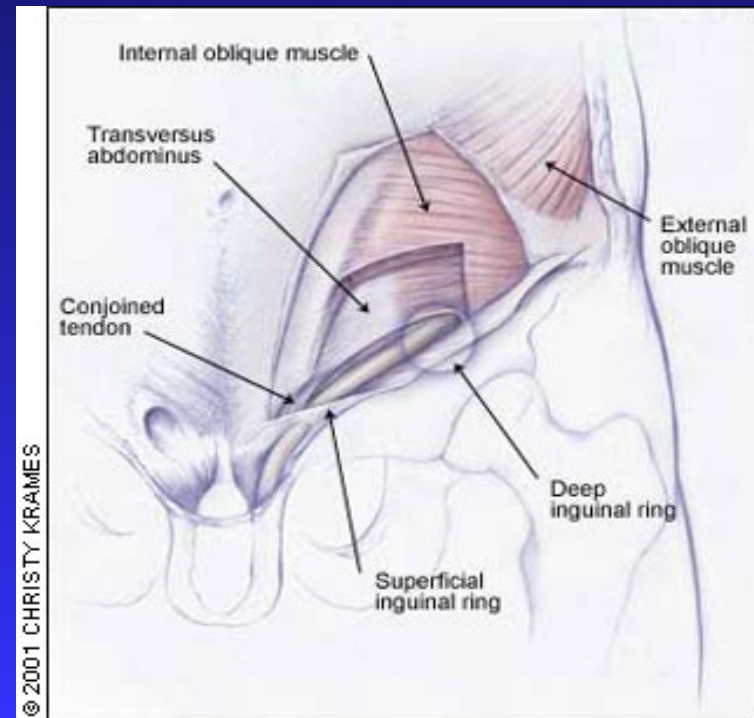


PUBIC OSTEITIS

Abbreviations: AB, adductor brevis; AL, adductor longus; Gr, gracilis; LA, lavator ani; RA, rectus abdominis.

SPORTS HERNIA

Cugat et al, Orthopaedics 2013, Sep



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AIM

To investigate efficacy of bilateral adductor tenotomy with or without hernioplasty treating groin pain attributed to pubic osteitis combined or not with sports hernia in sub-elite football players





MATERIALS AND METHODS

Retrospective Cohort Study

21 football players



Mean age of 25 years (range, 20-32 years)

Mean height: 174 (range, 162-188 cm)

Mean weight: 70 (range, 60-88 kg)

Mean BMI: 23 (range, 20.5-24.9 kg/m²)

Affected by exercise limited groin pain lasting
> 6 months

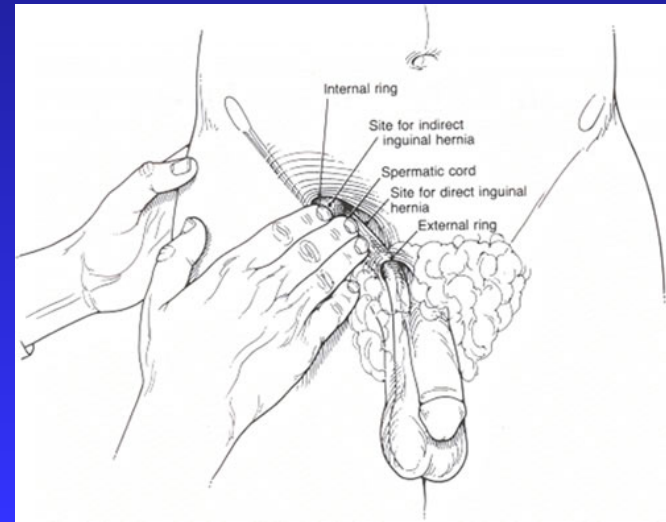
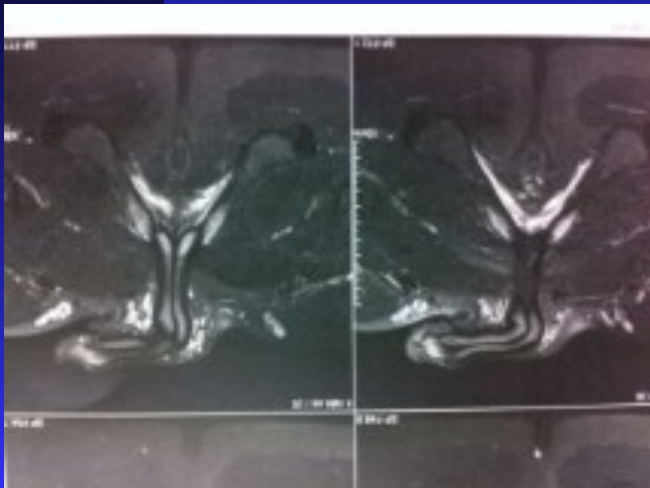


MATERIALS AND METHODS

Groin pain was attributed to :

OSTEITIS PUBIS – 13 pts (62%)

OSTEITIS PUBIS + SPORTS HERNIA- 8 pts (38%)





MATERIALS AND METHODS

All pts underwent BILATERAL ADDUCTOR TENOTOMY

±

UNILATERAL OPEN HERNIOPLASTY

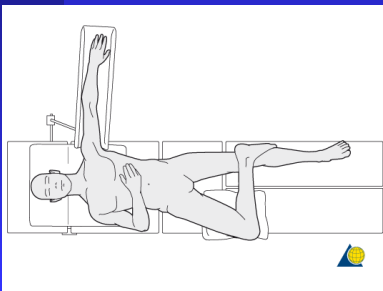
OPERATIVE TIPS & PEARLS

Spinal anaesthesia

Prone position

Gen. Surgeon- open hernioplasty with
synthetic mesh

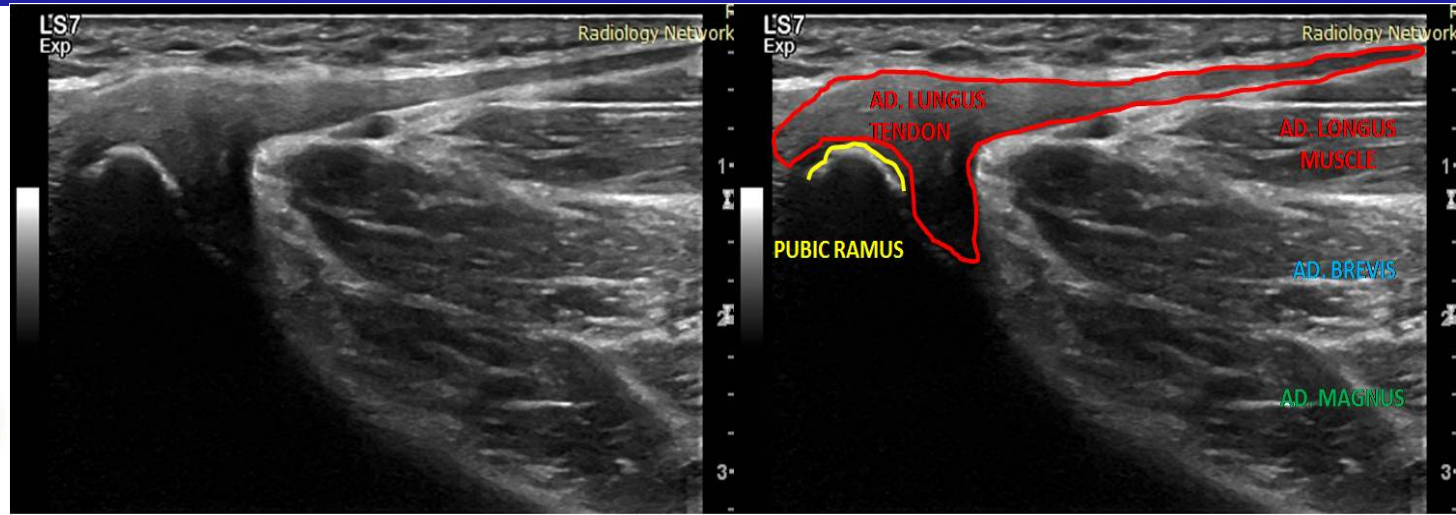
Orthop. Surgeon- bi- adductor tenotomy





MATERIALS AND METHODS

Ultrasonographically measured 1 y post-op the maximum distance between the superior pubic ramus and the retracted prox end of the dissected adductor longus tendon (MDPA)





RESULTS

Mean $\pm$ SD RTP time: 10 $\pm$ 2.8 weeks (range, 6-16weeks)

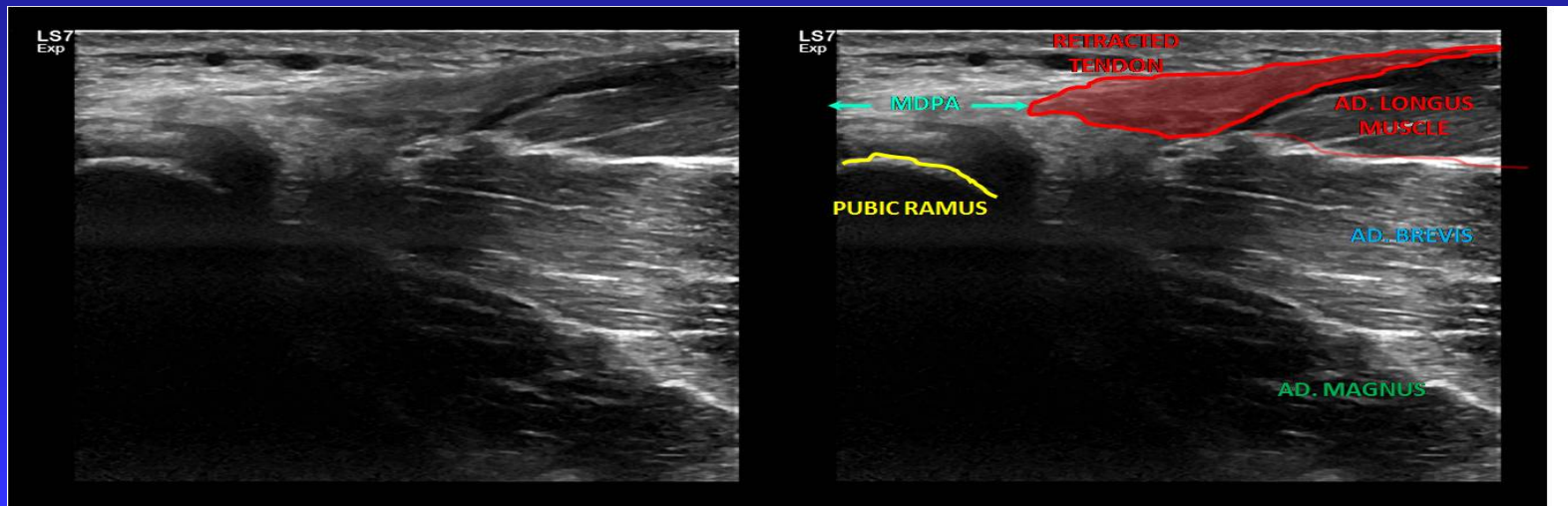
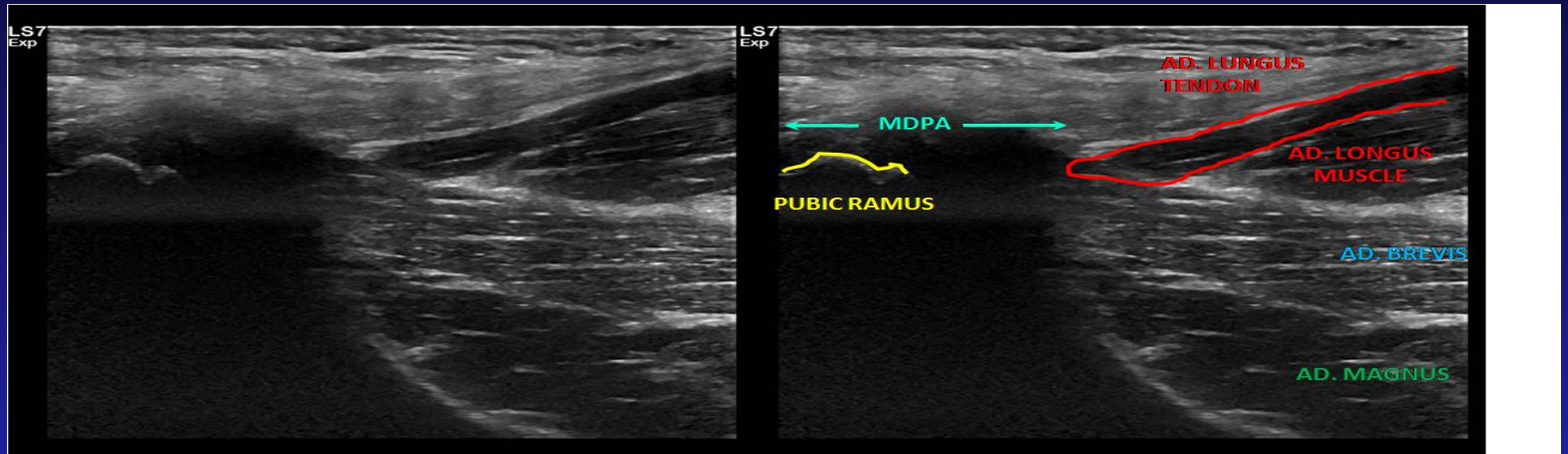
Mean VAS score: 1.6 $\pm$ 0.7 post-op **VS**
8.3 $\pm$ 0.6 pre-op (P<0.0001)

Mean Tegner score: 7.7 $\pm$ 0.5 post-op **VS**
7.8 $\pm$ 0.4 pre-op (P=0.64)



RESULTS

mean MDPA: $14 \pm 2\text{mm}$ & MDPA=0: 4 tendons





CONCLUSIONS



Exercise limited groin pain due to osteitis pubis can be successfully treated with bilateral adductor tenotomy alone, while football players with osteitis pubis combined with sports hernia should be treated with bilateral adductor tenotomy + unilateral hernioplasty

