

Gilmore's Groin (Groin Disruption) (Pg 1 of 1)

Gilmore's Groin O J A Gilmore MS
FRCS FRCS(ED) F Inst Sports Med

The syndrome was first recognised in 1980, following the successful treatment of three Premier Division professional footballers who had been unable to play for many months because of undiagnosed injuries of the groin.

Although some people refer to it as a Sportsman's Hernia there is NO true hernia present. Groin disruption (Gilmore's Groin) is a severe musculo-tendinous injury of the groin, which can be successfully treated by the surgical restoration of normal anatomy.

PATHOLOGY

The pathology of groin disruption found at operation is varied, however the main features include:-

- Torn external oblique aponeurosis
- Torn conjoined tendon

- Conjoined tendon torn from pubic tubercle
- Dehiscence between conjoined tendon and inguinal ligament

SYMPTOMS

The symptoms are pain in the groin increased by running, sprinting, twisting and turning, and kicking. After sport the patient is stiff and sore. The day after a game, turning or getting out of bed or a car often causes pain, as may coughing and sneezing and sit-ups. There is a history of specific injury in only 30% of patients - usually over stretching, abduction and eversion injuries. The symptoms indicate it is an overuse (wear and tear) injury.

DIAGNOSIS

Groin disruption is a clinical diagnosis based on history and examination. Inverting the scrotum and placing the examining little finger in each superficial inguinal ring in turn gives the diagnosis. On the affected side the ring is usually dilated, there is a cough impulse and most importantly there is tenderness. Adductor weakness is present in 40%.

Stork or flamingo x-ray views of the pelvis are taken to exclude pelvic instability. Movement of the symphysis should be less than 3mm.

TREATMENT

The success of the surgery depends on accurate diagnosis, meticulous repair of each element of the disruption and intensive rehabilitation according to a standard rehabilitation programme. Surgery is indicated in sportsmen who are unable to play or fail to respond to rehabilitation. The surgical treatment consists of restoring normal anatomy with a six-layered repair

RESULTS

- Between 1980 and 1999 over 4000 cases had been referred. Of those, 2500 required operation; usually returning to sporting activities within 4-6 weeks.
- Research has shown surgery to be successful in 97% of professional soccer players.
- The condition is most frequent in association footballers (65% of referrals), 85 English football league clubs have referred players whilst many came from Ireland, Scotland, Wales, Europe and the Middle East.
- Other sports include Rugby Union and League (11 %), racquet games (4%), athletics (3%), cricket (2%), hockey (1%) and those undertaking general fitness training and other sports (14%)
- 300 international sportsmen and women had been successfully treated by 2000.