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Common Hip Disorder Can Cause Sports Hernia

Sports hernias are commonly found in individuals with a mechanical disorder of the hip and can be resolved with surgery to fix the hip disorder alone in some cases, according to a recent study. The research, conducted by investigators at Hospital for Special Surgery, will be presented at the American Orthopedic Society for Sports Medicine 2011 Specialty Day meeting, held Feb. 19 in San Diego following the annual meeting of the American Academy of Orthopaedic Surgeons.

"If individuals have symptoms of athletic pubalgia otherwise known as sports hernia, doctors should carefully assess their hip joint to make sure there is not an underlying mechanical problem in the hip that may be the bigger problem in the overall function of the athlete," said Bryan Kelly, M.D., co-director of the Center for Hip Pain and Preservation at Hospital for Special Surgery who led the study. "If patients present with both sports hernia and femoro-acetabular impingement symptoms, you have to consider what the order of treatment should be or whether you should just treat one." He said the research suggests that treating the joint mechanics first is optimal and if problems persist, doctors can then try surgery for the sports hernia.

In recent years, a hip condition known as femoro-acetabular impingement (FAI) or hip impingement has become widely recognized in the medical community. The hip is a ball-and-socket joint where the upper end of the thigh bone fits into the cup-shaped socket of the pelvis. In a healthy hip joint, the ball rotates freely in the cup, but in some people a bony bump on the upper thigh bone produces a situation where there is inadequate space for the hip bone to move freely in the socket. The result is damage to the socket rim and the cartilage that lines the bones, which can lead to hip arthritis. In the past few years, doctors have thought that this condition may also cause sports hernias. A sports hernia is a tearing of the tissue that forms the inner part of the abdominal wall and inserts into the pubic bone.

To investigate how often FAI is associated with sports hernia, researchers examined the records of all professional athletes who underwent arthroscopic surgery at HSS for symptomatic FAI between April 2005 and April 2010. Patients were included if their FAI limited their ability to return to competitive play. The group, 38 in total, included nine baseball players, 13 football players, eight hockey players, five soccer players, two basketball players, and one

skater. Retrospective data regarding prior athletic sports hernia surgery, ability to return to play, and duration until return to play was collected from all patients.

The investigators found that while 32 percent of the athletes had previously undergone surgery for their hernia, none of them had been able to return to their previous level of competition with the hernia surgery alone. One patient underwent hernia surgery at the same time as the FAI surgery. Thirty-nine percent of patients had hernia symptoms that resolved with FAI surgery alone and 36 of 38 patients were able to return to their previous level of play. All 12 patients that had both hernia and FAI surgery were able to return to professional competition. On average, athletes were able to return to their sport 5.9 months after arthroscopic surgery.

This is the first paper that has looked at the coincidence of FAI and sports hernia, and has practical implications for practice. "Groin pulls and lower abdominal muscle strains are frequently associated with hip joint mechanical problems, and patients should make sure that doctors are looking at both those locations as potential sources of the pain," said Dr. Kelly, who is also in the Sports Medicine and Shoulder Service at HSS. "Before this study we knew that both impingement in the hip joint and athletic pubalgia were the cause of decreased function and pain in athletes. Now we recognize that there is a close relationship between those two, and oftentimes the problems coexist and need to be looked at when treatment options are being discussed."

Other Hospital for Special Surgery investigators involved in the study include Asheesh Bedi, M.D., former resident who is now at the University of Michigan Medical Center; Sommer Hammoud, M.D.; Erin Magennis, B.A.; William Meyers, M.D., Drexel University College of Medicine; and Bryan Kelly, M.D.