Osteitis Pubis
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History
Teenage soccer player with groin pain.

Diagnosis
Osteitis Pubis

Discussion
Osteitis pubis, also referred to as rectus abdominus adducoris syndrome, is a chronic inflammatory process. The underlying pathophysiology is related to traction microtrauma occurring at the symphysis pubis. The rectus abdominus and internal and external oblique muscles insert into the inguinal ligament, conjoint tendon and symphysis pubis. The pectineus, gracilis, adductor magnus, adductor longus, and adductor brevis originate near the symphysis pubis. These two major muscle groups work to stabilize the pelvis.

Osteitis pubis is fairly common in athletes but often difficult to differentiate from other groin injuries. Activities with jumping, twisting, sprinting, kicking, and/or directional change (e.g., soccer, football, lacrosse, hockey, trail running) are prone to osteitis pubis. Patients are focally tender over the symphysis pubis. When minor, symptoms are usually most bothersome before and after sports activity. As the disease progresses, symptoms are debilitating.

Treatment is usually conservative and involves antiinflammatory medications, increasing flexibility (particularly the adductor muscles) and strength (particularly the abdominal muscles), and correcting muscle imbalances.

Findings
MR-Coronar fat-suppressed T2 and IR and axial T1 and fat-suppressed T2 and post-gadolinium T1 images of the pelvis show symmetric marrow edema and enhancement.

Reference
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