

Extraarticular Sources of Hip Pain

Steve A. Mora, Bert R. Mandelbaum,
Levente J. Szalai, Nicholas D. Potter,
Archit Naik, Jeff Ryan, and William C. Meyers

The task of diagnosing and managing extraarticular causes for hip and groin pain represents one of the greatest challenges in sports medicine. The differential diagnosis for hip and groin pain is broad and includes intraarticular hip disorders, acute and chronic muscular tears, pubic symphysis disorders, snapping hip syndrome, peripheral nerve entrapment, and abdominal wall abnormalities. Nonmusculoskeletal etiologies should also be considered: these include urologic disease, gynecologic disease, gastrointestinal problems, infections, and tumors. Also complicating the clinical picture is the nature of groin symptoms, which may be vague, confusing, and generalized around the hip joint, thigh, and abdomen regions. The ambiguous constellation of symptoms can be partly explained by a complex pain referral pattern around the groin and the hip region. These problems are unfortunately frequently misdiagnosed and appropriate treatment often delayed. It is evident that the evaluation of these problems, especially if chronic in nature, may be extremely demanding. Therefore, to avoid misguided treatment strategies and to ultimately ensure treatment success, a diagnostic approach that is methodical and organized must be followed.

This chapter takes a comprehensive look at four infrequently encountered extraarticular disorders of the hip and groin area that can clinically mimic intraarticular hip pathology: osteitis pubis, piriformis muscle syndrome, obturator nerve entrapment, and athletic pubalgia.

We shall discuss the subject of extraarticular sources of hip pain in two sections.

I. Steve A. Mora, Bert R. Mandelbaum: Osteitis Pubis, Piriformis Syndrome, Obturator Nerve Entrapment

II. William C. Meyers, Levente J. Szalai, Nicholas D. Potter, Archit Naik, Jeff Ryan: Athletic Pubalgia

I. OSTEITIS PUBIS, PIRIFORMIS SYNDROME, OBTURATOR NERVE ENTRAPMENT

STEVE A. MORA AND BERT R. MANDELBAUM

OSTEITIS PUBIS

Description

Osteitis pubis is a painful, inflammatory, noninfectious condition of the bone, periosteum, cartilage, and ligamentous structures around the pubic symphysis.¹⁻⁵ It is considered the most common inflammatory condition of the pubic symphysis.⁵ It is not a rare condition, as proven by the large number of patient series published since its first description in 1923.⁶ The first description within the English literature was by Beer in 1924.⁷ Most of the early literature on this subject emerged from the field of urology. The first descriptions of osteitis pubis revealed its close association with urologic, gynecologic, and obstetric procedures and complications related to pelvic surgery.^{1,8} It is a diagnosis seen in almost every patient population, permitting most medical specialists some familiarity with the diagnosis; nonetheless, it remains poorly understood. Various clinical forms of osteitis pubis are believed to exist.^{2,8,9} No single etiologic factor has been identified as the cause for osteitis pubis. Athletic osteitis pubis is probably associated with overstress or microtrauma of the pubic symphysis and its surrounding structures.^{10,11} Pelvic instability and muscular imbalance may also play an important etiologic role.^{4,12-14} In the athlete, Spinelli¹⁵ in 1932 was the first to describe athletic osteitis pubis in fencers. Osteitis pubis has also been reported in ice hockey, wrestling, Olympic walking, rugby, tennis, running, football, diving, and basketball. Athletic osteitis pubis may evolve into a chronic, painful, disabling condition causing significant amounts of lost playing time. The symptoms may manifest acutely, such as after a forceful kick or an injurious fall, or may present slowly and insidiously.¹⁶ With adherence to non-