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Dr. Osvaldo Santilli, Dr. Martín Celsi, Dr. Hernán Santilli
 (Centro de Patología Herniaria Argentina) . Buenos Aires. Argentina

Pathophysiology and Multidisciplinary Management of Chronic Groin Pain: The Role of Tendinosis in Long-Standing Groin Pain

Aim

To explore the pathophysiological mechanisms underlying chronic groin pain in athletes, proposing tendinosis from tendon overload as a central factor. The goal is to integrate clinical, imaging, and therapeutic evidence into a comprehensive diagnostic and treatment framework.

Materials & Methods

Based on Jill Cook's tendon continuum (reactive tendinopathy → tendon dysrepair → degenerative tendinopathy), we analyzed clinical presentations, MRI and ultrasound findings, and therapeutic outcomes. Twenty years of multidisciplinary experience involving surgeons, physiotherapists, and radiologists were synthesized into an algorithm guiding diagnosis and treatment.

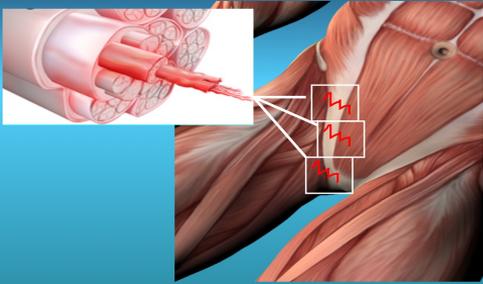
Results

LSGP is typically bilateral, insidious in onset, worsened by activity, and relieved by rest. Imaging may show bone edema and tendon rarefaction. Positive outcomes followed surgical neo-fibrosis techniques, especially when combined with structured rehabilitation. The proposed algorithm enabled precise localization of overload and personalized management strategies.

Conclusions

Tendinosis due to overload is a significant contributor to LSGP. Integrating imaging and clinical data into a multidisciplinary approach enables tailored treatments. Rehabilitation focused on tendon load management is essential for long-term recovery and resolution of symptoms.

GROIN TENDINOPATHY



- Fiber disorder
- Vascular disorder
- Disturbed homeostasis matrix
- Increased immune cells and inflammatory mediators

Multidisciplinary Management Register (2004 - 2024)

Demographics

Total Patients: 12,144

- Men: 11,173 (92%)
- Women: 971 (8%)

Athlete Level:

- Non-athlete: 9314 (76%)
- Athlete: 2830 (24%)

Initial diagnoses

- IlioPsoas Tendinopathy: 5343 (44%)
- Adductor Tendinopathy: 4614 (38%)
- Sportsman Hernia: 1702 (14%)
- Hip Pathologies: 485 (4%)

First-Line Treatment

Conservative Physiotherapy

- 8165 patients (82.2%)
- Recovery in 45 days

Second-Line treatment

- SH: 1702 → TAPP Hernioplasty + SRP
- A-IP: 1506 (EPI) + 286 (RALT)
- Hip: Orthopedic Follow-up