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GILMORE'S GROIN – A PUZZLE WORTH SOLVING

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Relevance. Gilmore's Groin, often called "Sports Hernia," is a chronic groin pain affecting male athletes in sports that involve sudden changes in speed or position such as football and hockey. The term "hernia" is misleading since there is no actual protrusion of tissue through the abdominal wall. Despite being common in young athletes, research gaps persist about diagnostic accuracy, treatment options and clinical outcomes leading to delayed and misdiagnoses and prolonged disability.

Aim: to define a clear clinical picture and structured diagnostic pathway for more precise identification and consistent management of the condition.

Material and methods. This study combined two components: a structured literature review and a retrospective case analysis. A systematic search of PubMed (2019–2025) was conducted using the keyword "Gilmore's Groin," limited to English-language human studies focusing on clinical presentation, diagnosis, or management. Additionally, the medical records database of the 5th Clinical Hospital was queried, identifying six cases diagnosed with Gilmore's Groin.

Results and discussion. Gilmore's Groin primarily affects male athletes aged 20-28 in sports like football, hockey, and skiing that involve sudden movements. Males are more susceptible due to naturally weaker inguinal anatomy from testicular descent. The term "sports hernia" is misleading as no true hernia exists—there is no tissue protrusion through the abdominal wall. Three consensuses have been declared that address the terminology of this condition: the Manchester Position Statement (2014), The Doha Agreement (2015) and The Italian Consensus (2016). They include their own classification of recommended terms along with rejected terms. There is no specific cause for Gilmore's Groin. Overuse of any pubic structure can lead to unbalanced forces above and below the pubic symphysis causing muscle, tendon or ligament tears leading to posterior wall weakness and inguinal canal tension. Therefore, patients often complain of unilateral or bilateral pain originating at any pubic structure that may radiate to the scrotum, rectus abdominis, adductors, or perineum. Pain gradually increases, subsides with rest and exacerbates with sudden movements. Diagnosis requires a thorough physical examination and imaging to aid in differential diagnosis. There is no visible or palpable lump with pinpoint tenderness over whichever structure is causing the pain. Radiography helps rule out fractures, degenerative diseases, alignment abnormalities. MRI helps identify injuries to muscles and aponeurosis, as well as, erosion or osteitis. CT provides an analysis on joints, cartilage and bones. Treatment includes conservative treatment and surgical intervention in case of failure after more than 3 months. Conservative treatment includes rest, physiotherapy, analgesics and non-steroidal anti-inflammatory drugs. In case of failure, surgery is considered, it may be open or laparoscopic. Common procedures include rectus abdominis repair, posterior wall reinforcement, neurolysis, tenotomies and such. However, there are no standardized outcome regulations as some consider return to training as a positive outcome and some, full ability to participate at competition level. Regarding the cases: all six patients were males aged 21 to 26, with five reporting groin pain. Only one case involved a minor hernia. Four surgeries included hernioplasty, two included neurectomy, and one included neurolysis. Operations averaged one hour, with hospital stays averaging 3.6 days.

Conclusions. This study successfully developed a clinical profile and diagnostic approach for Gilmore's groin by analyzing literature and clinical cases. Despite inconsistent nomenclature, a constant clinical picture emerged: groin pain relieved by rest and aggravated by physical activity. Diagnosis remains primarily clinical, with imaging used only to exclude other pathologies. While surgery is highly effective when conservative treatment fails, a lack of standardized outcomes and follow-up hinders objective comparison of treatment efficacy.