

Step 2: Listen & Localise

Listen to the patient's history and obtain as many localising factors as possible then pinpoint the pain in relation to the groin triangle.

Step 3: Palpate & Re-create

Carefully palpate the identified area and determine which anatomical structures are painful. The use of provocative manoeuvres/examinations (e.g. exercise) to re-create the patient's pain can be a critical diagnostic step. To describe all of the manoeuvres in detail is beyond the scope of this text, readers are referred to reviews on this topic. [13, 14]

Specific scenarios using a problem oriented approach

The diagnostic stepwise approach using the groin triangle is summarized in tables 1-5. The triangle is used to localise the pathology to a particular area. We refer the reader to the specific table relating to that border of the triangle. This provides a differential diagnosis, and clarifies the most discriminative evidence based tests.

Pubic tubercle

Because many potentially anatomical structures converge at this point, we propose a marking of the structure in similar fashion to a clock face (Fig. 3). This schematic representation of the anatomy of the area serves as a guide to what may be palpable following invagination of the scrotum. The examining clinician can therefore 'walk their finger' around the tubercle assigning each part of the clock face to relevant attachment as highlighted in Fig. 3. The authors recognise the variability of structures in this area, having based diagrams on cadaveric studies performed prior to this paper [15] We have employed the term pubic bone stress injury for what is often in the literature called 'Osteitis Pubis'. We feel this is a better reflection of the clinical picture in the absence of any evidence of an inflammatory process.

Step 4: Alleviate & Investigate

Where a number of anatomical structures are in close proximity, clinical presentations can be very similar. The manner in which pain can be removed may be very helpful. A decrease in pain following abstinence from aggravating activity is revealing. If a distinct structure can be identified, the elimination of symptoms following guided injection of local anaesthetic into the structure is invaluable. The authors recognise that a number of conditions discussed in this text may only be diagnosed definitively following radiological investigation, in these instance the most discriminative, evidence based investigation is recommended.

The topic of incipient hernia is included as disorders of the posterior and anterior inguinal walls. These are diagnoses of exclusion and, outside of the most experienced hands, probably inseparable. These may represent different ends of a spectrum of pathology in the area owing to differing sporting activity [3, 16-19]

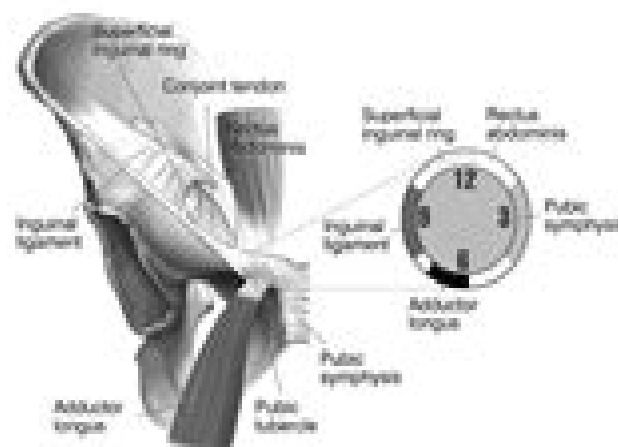


Figure 3 The Pubic tubercle schematic

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Susan Stephenson, Julia Dmitrieva



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Testicular Disorders in Children Kaan SONMEZ,Zafer TURKYILMAZ,Ali ATAN,Ramazan KARABULUT,2023-12-31

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