

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]

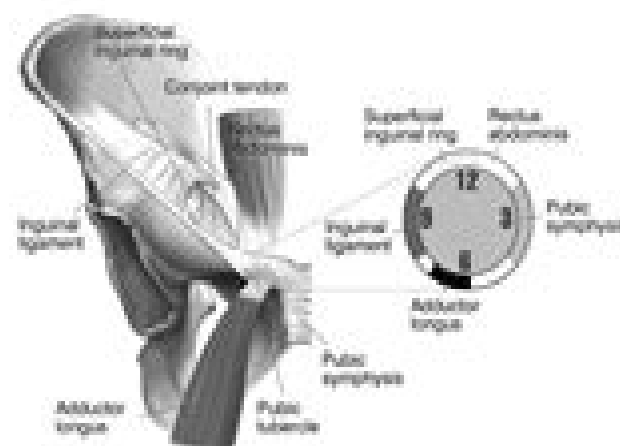


Figure 3 The Pubic tubercle schematic

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

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more structural adaptation This feedback loop is driven in part by the hemodynamic forces generated by the blood flow and the distribution and strength of these forces appear to play a role in the initiation progression severity and the outcome of vascular diseases Magnetic Resonance Imaging MRI offers a unique platform for investigating both the form and function of the vascular system The form of the vascular system can be examined using MR based angiography to generate detailed geometric analyses or through quantitative techniques for measuring the composition of the vessel wall and atherosclerotic plaques To complement these analyses 4D Flow MRI can be used to quantify the functional aspect of the vascular system by generating a full time resolved three dimensional velocity field that represents the blood flow This thesis aims to develop and evaluate new methods for assessing vascular disease using novel hemodynamic markers generated from 4D Flow MRI and quantitative MRI data towards the larger goal of a more comprehensive non invasive examination oriented towards vascular disease In Paper I we developed and evaluated techniques to quantify flow stasis in abdominal aortic aneurysms to measure this under explored aspect of aneurysmal hemodynamics In Paper II the distribution and intensity of turbulence in the aorta was quantified in both younger and older men to understand how aging changes this aspect of hemodynamics A method to quantify the stresses generated by turbulence that act on the vessel wall was developed and evaluated using simulated flow data in Paper III and in Paper V this method was utilized to examine the wall stresses of the carotid artery The hemodynamics of vascular disease cannot be uncoupled from the anatomical changes the vessel wall undergoes and therefore Paper IV developed and evaluated a semi automatic method for quantifying several aspects of vessel wall composition These developments taken together help generate more valuable information from imaging data and can be pooled together with other methods to form a more comprehensive non invasive examination for vascular disease

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