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LETTER TO THE EDITOR

Chronic groin pain is a challenge for surgeons

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Chronic groin pain (CGP) is a challenge for surgeons. The syndrome is characterized by pain in the pubic and inguinal-crural regions, resulting in a functional deficit that can lead to severe impairment of different motor tasks.

It is the main symptom in pathologies caused by sports activities and found as a complication after inguinal hernia repair.

There are a variety of terms to describe (CGP) with controversial diagnoses and treatments. The revision of the literature allows identifying several reasons that justify the existence of such dissimilar positions. The articles present a low level of evidence mainly attributable to the difficulty of randomized treatments. The heterogeneity of the methods hinders the elaboration of meta-analyses and transforms the non-systematic reviews into extensive lists of definitions, pathophysiological theories, and surgical techniques that achieve excellent results [1, 2].

The lack of understanding of physiopathology reflects in the multiple speculations about the lesion involved.

The Manchester Consensus Conference focuses on the multidisciplinary approach that solves doubts about this syndrome. The biomechanical tests of the pelvic movements during sports helped to understand the possible osteomuscular injury mechanism. The Doha Agreement defined appropriate terminologies and clinical classification for management related to the cause of pain: adductor-related, iliopsoas-related, inguinal-related, pubic-related, and hip-related.

For over 20 years, We have been consulted by many patients suffering from (CGP) and established a multidisciplinary approach involving abdominal wall surgeons, orthopedists, physiotherapists, and radiologists [3].

Our experience defined two principal entities of chronic groin pain: Tendinopathies related (adductor,iliopsoas and sportsman's hernias) and Postoperative related. In the last group reviewing the current literature, the multivariate analysis reports that: younger age (≤ 40 years), small hernias (EHS I: < 1.5 cm), female gender, and preoperative pain; are risk factors for the appearance of chronic postoperative pain. These articles show strong evidence of the variables as predisposing factors, but cannot explain the cause with the same level of evidence [4, 5].

European surveys show the low experience of general surgeons in the investigation and management of (CGP) and the requirement to develop a working group.

We believe that in the absence of morphological and pathophysiological identity, only a high concordance among the diagnostic and therapeutic instances can ensure a rational approach.

In our experience, tendinopathies have been the most frequent causes related and have often coexisted with asymptomatic hernias or reported on an ultrasound examination. According to our results, the multidisciplinary evaluation algorithm has avoided mistakes in many cases.

In my opinion, misdiagnosis may be one of the causes that explain the controversial variables related to postoperative pain. Young patients with groin pain with an ultrasound diagnosis of a small hernia is a challenge for surgeons. Therefore I advise adopting a multidisciplinary approach for these patients. They should be carefully interviewed and examined to detect functional and organic causes responsible for (CGP) and to achieve a quick recovery with low recurrence probability. It would benefit patients and surgeons.

Declarations

Conflict of interest The authors declare that they have no competing interests.

Ethical approval Approval from the institutional review board was not required for this study.

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