

GILMORE'S GROIN HISTORY, SYMPTOMS AND PATHOLOGY



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The syndrome of Gilmore's Groin (or groin disruption) was first recognized in 1980, by the London surgeon Jerry Gilmore, following the successful treatment of 3, what were then, first division footballers with apparently career ending groin injuries. All three were able to return to top flight soccer after surgical exploration and surgical repair of the groin disruption. Subsequently the Gilmore Groin and Hernia Clinic became established as the pioneering centre for treatment of such injuries. There are now two surgeons and a specialist in sports and exercise medicine, as well as specialist anaesthetists, radiologists and physiotherapists associated with the clinic.

Since 1980 over 8000 cases have been referred and over 4000 operations performed. The operation is successful in 97% of professional soccer players and 85 English league clubs have referred players whilst many have come from other parts of the UK and abroad. In this period over 400 international sportsmen and women have been successfully treated.

Sufferers get a fairly characteristic set of symptoms including pain with running, twisting, turning and kicking. After playing sport they are stiff and sore and this is often much worse the next day. Rising from a lower position (for example getting out of bed or out of a car) and coughing and sneezing make the pain worse. Only a third of patients can remember a specific injury, usually involving overstretching.

To understand what happens in Gilmore's Groin it is helpful to understand how the muscles are arranged in the groin. The muscles of the wall of the abdomen may be pictured in 3 layers. The outer layer (the external oblique muscle) runs at about 45 degrees downwards and inwards. The middle layer (the internal oblique muscle) runs at 45 degrees upwards and inwards (at right angles to the outer layer). The inner layer (the transversus abdominus muscle) runs straight across, like a girdle. Towards the middle all these muscle fuse together into a common tendon (the conjoint tendon) and are fixed to the pelvis in the middle. They also become fused with the muscles of the leg at the top of the groin in an area where there is a strong ligament, the inguinal ligament.

In men, the external oblique muscle has an archway in it through which the blood vessels and nerves go down into the testicle, along with the vas deferens. When the groin is torn this archway opens up and becomes much wider. There are also tears in the muscle around the archway. The internal oblique muscle is pulled up and away from the pelvis and the inguinal ligament, allowing the unsupported transversus abdominus muscle to become loose and floppy. Although it is often also called a sportsman's hernia there is no hernia present. In a hernia there is a hole in the muscle wall that allows the abdominal contents (bowel, or fat) to poke through. Gilmore's groin is a complex musculoskeletal disruption, not a hernia.