Patient Presentation: 33-year-old man presents with a six-month history of continuous pain in the right groin, which increases with physical activity. There is no history of trauma. Previous medical history includes a jumper’s knee and an ankle distortion.

Studies Performed: Radiograph of the pelvis; MRI of the pelvis performed one month later.

Finding: Conventional x-ray shows joint irregularity, subchondral sclerosis, and some bone resorption at the pubic symphysis. MRI shows intense, symmetric, bone marrow edema spanning the subchondral bone on both sides of the pubic symphysis. No secondary cleft sign or fracture line is seen. No adductor or rectus abdominis injury is identified.

Diagnosis of Osteitis pubis.

Key Points: Athletic pubalgia is a clinical term used to describe groin pain elicited by specific, often athletic, activities. The differential diagnosis of groin pain in athletes is long and includes visceral causes, hip-associated causes, pubic symphyseal causes, infectious causes, inflammatory causes, traumatic causes, developmental causes, neurologic causes, neoplastic causes, and referred pain.

Osteitis pubis can be defined as a relatively symmetric bone marrow edema around the pubic symphysis anteriorly to posteriorly with bony productive changes or subchondral resorption and no imaging findings of rectus abdominis insertional defect or adductor tendon tear.

-- Case and images courtesy of www.auntminnie.com August 18, 2014

3T MRI • 1.5T MRI • 1.2T Open MRI

MR Angiography • CT • CT Angiography

Arthrography • Myelography • Fluoroscopy

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