

# CASE REPORT

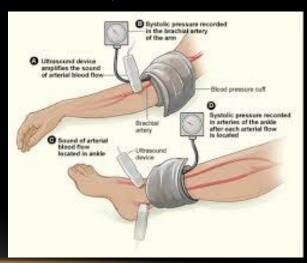
- 25-year old cyclist Elite youth category as a teenager
- Acute onset of anterolateral pain in the right leg during a cycling race.
- PAIN/CRAMPING during minimal excercise
- PAIN resolves quickly when ceasing the effort
- No pain during daily living activities
- No medical history



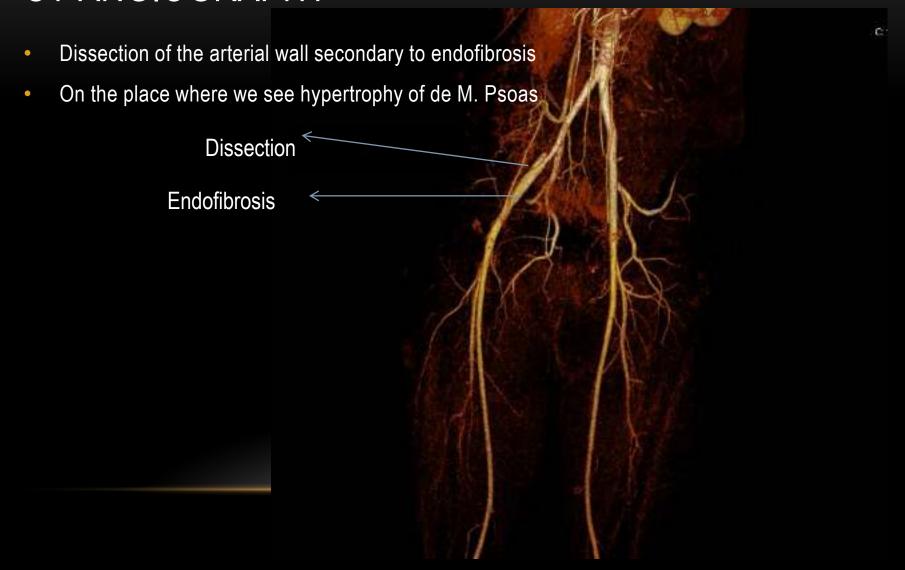
History of RAPID MUSCLE FATIGUE during endurance training in the past

# PHYSICAL EXAMINATION

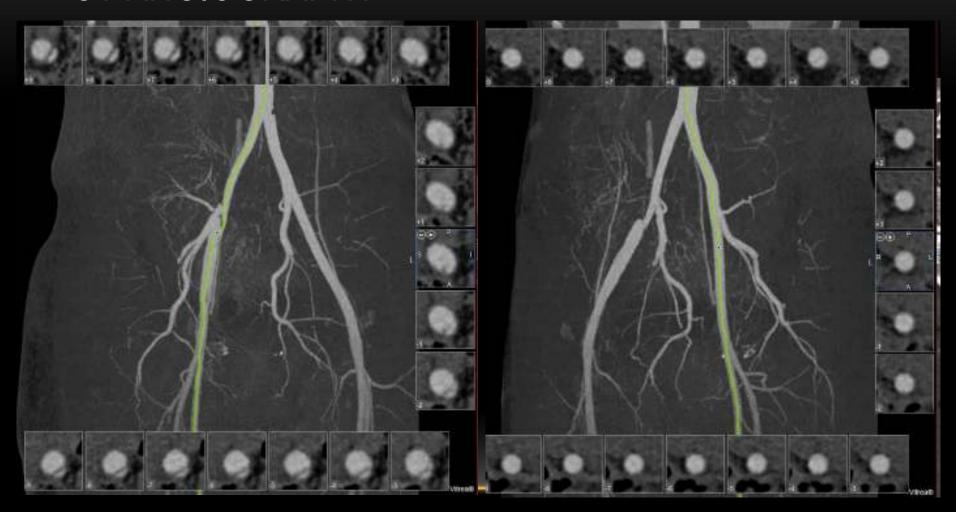
- Inspection: No static deviations
- ROM Hip and Knee: normal
- Normal ROM of the lumbal vertebral column
- Provocative test for impingment, negative. NO meniscal injury or instability
- No pain by palpation
- Normal Blood Pressure, Normal pulsations, Equal en good sensation in both legs.
- No arguments for a muscle tear, radiculopathy, impingment
- Ankle-Brachial index (ABI): Normal
- Ankle-Brachial index (ABI): Postexercise (within 5 minutes)
  - → Significant drop on the right side



# **CT-ANGIOGRAPHY**

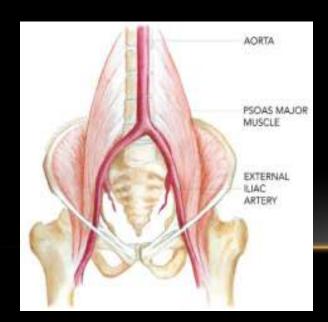


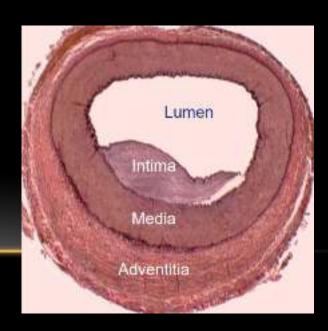
# CT-ANGIOGRAPHY



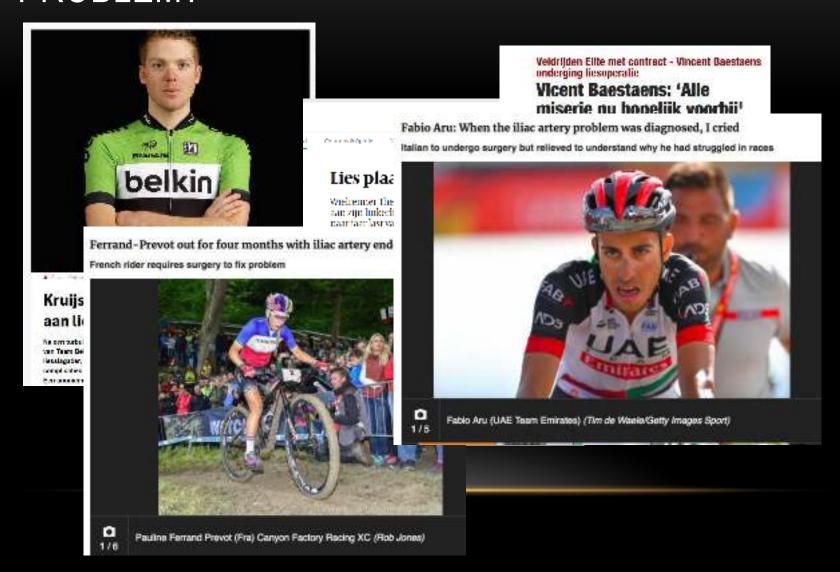
# **ENDOFIBROSIS**

- Poorly recognised condition affecting young endurance athletes
- A pathological process characterized by thickening of the vessel intima, causing progressive stenosis of the lumen and impaired flow.
- Adversely affect Performance
- In some cases, the lesion may also be complicated by overlying thrombus, DISSECTION, or atherosclerotic infiltration.

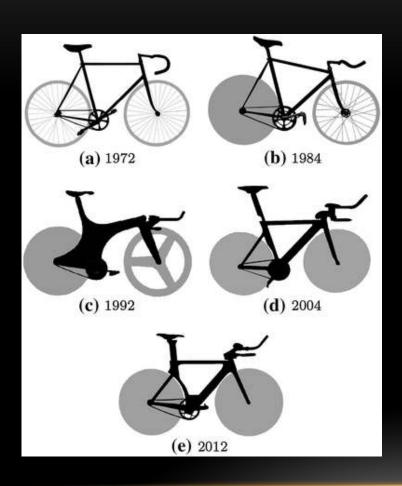




# ENDOFIBROSIS – AN UNDERESTIMATED PROBLEM?



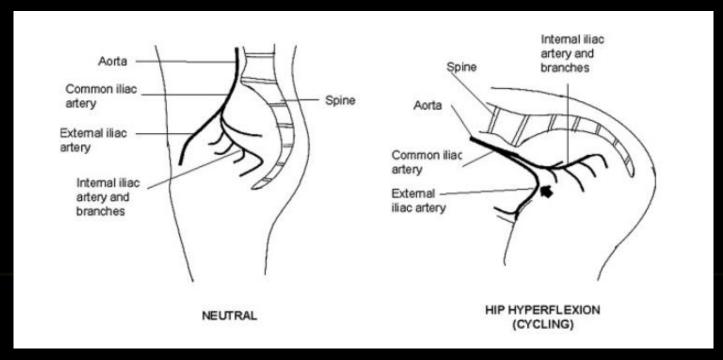
# PREVALENCE AND PATHOPHYSIOLOGY



- UNKNOWN
- Mostly seen in cyclists From the serious amateur to the professional
- First case reported in the mid 1980's
- Estimated 20% of all overuse injuries
- Left > Right
- 15% has bilateral flow limitation
- 90% of patients, endofibrosis affects the external iliac artery
- The fibrotic segment generally measuring 2 6 cm in length.
- Cycled an average of 120 000 km before showing any symptoms

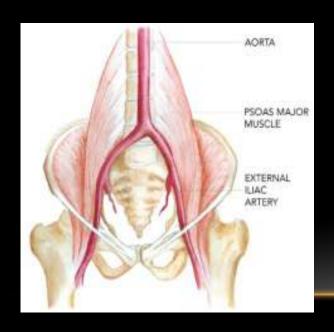
#### PATHOPHYSIOLOGY

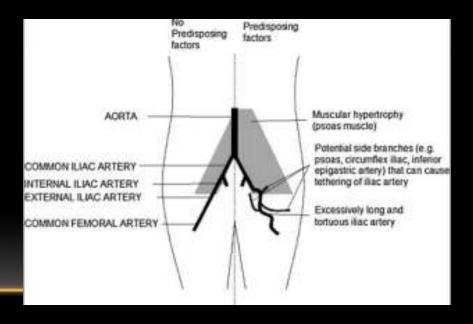
- Hypothesis: Extreme hyperflexion of the hip joint, repetitive stretching, elongation and deformation of the iliac artery
- Hypertrophy of the psoas muscle may further exacerbate this trauma
- High cardiac output, causing shear stress and stimulating endothelial dysfuncton

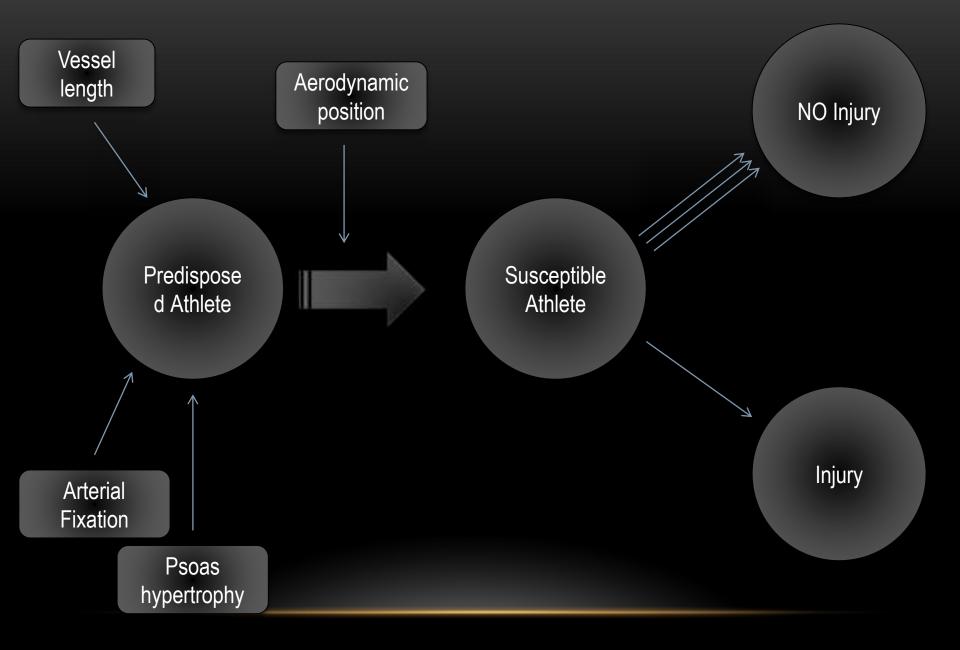


#### **PATHOPHYSIOLOGY**

- Stretching of the external iliac artery may be exacerbated by psoas muscle hypertrophy
- Cyclists with the condition have been found to have asymmetrical thigh development, with thigh circumference up to 3 cm greater on the affected side.

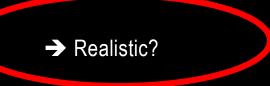






#### TREATMENT – CONSERVATIVE APPROACH

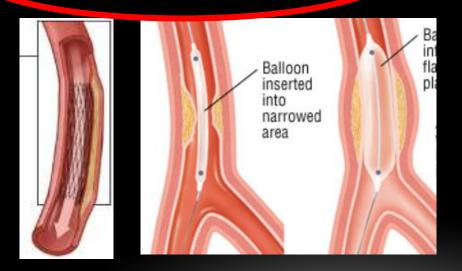
- Initially reduce the time and intensity of training
- Instructed to raise the handlebars or move the saddle position forward to limit hip flexion



# TREATMENT – SURGICAL APPROACH

- Stenting Techniques
- Transluminal angioplasty

Endofibrosectomy with patch angioplasty





### WHAT IF...

- Aerodynamic evolution leads to more endofibrosis?
- Should you start selecting your cyclist based on favorable intrinisc risk factors
- How can we early recognise risk factors?
- How can we perfect aerodynamic positioning without risking endofibrosis and accompanied decreased performance

→ Lots of work ahead of us



#### THANK YOU





#### REFERENCES

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