Figure 2.

the terminal branches of the anterior primary ramus of the iliohypogastric nerve (see *Figures 1 and 2* for comparison of 'Gilmore's groin' and the author's description).

The tear is revealed by a routine inguinal incision and blunt dissection onto the external oblique aponeurosis. In all papers reviewed we could find no specific mention of such disruption, although reference to 'microscopic tears' or 'avulsions' have been made.² We found no surgical evidence of herniae, or indeed of a bulge in the posterior wall of the inguinal canal as described by Malycha and Lovell.⁴

We have shown that approximation of the torn edges of the external oblique aponeurosis with simple interrupted nylon leads to a return to full sporting activity within 5 to 6 weeks. It is interesting to note that in the 'modified herniorrhaphies' described in previous reports, a repair of the external oblique aponeurosis is

always made, and perhaps this explains the similarity in results with either technique.

Groin strain is a common complaint, particularly in soccer players, and we suggest that many of these patients would benefit from earlier groin exploration and accurate identification of the pathophysiology. We believe this to be a tear in the external oblique; in our small series we have not noted disruption of the conjoint tendon.

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Wild water rapid burns

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Swimming pool water slides are becoming increasingly long and adventurous. This case report and survey suggest

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that they may carry with them a notable risk of friction burns.

(*Br J Sports Med* 1995; 29: 209-210)

Keywords: friction; burns; swimming pool

Figure 1. Friction burn on the elbow of a 32-year-old man

Figure 2. Friction burn on the knee of a 32-year-old man

Activities in swimming pools are rarely associated with fatalities,¹ but new and more adventurous water slides may lead to major injuries.² Minor injuries are less commonly described. A case and survey are reported.

Case report

A 7-year-old child was seen with almost circular 0.5 cm lesions on each elbow. The referring agency had considered cigarette burns as a possible cause. An interview with the father revealed that he too had similar lesions on his elbows and knees (*Figures 1 and 2*). The family appeared pleasant, co-operative and caring. History confirmed that the injuries had been sustained on the wild water rapids slide at a Center Parc swimming complex while on holiday in The Netherlands.

Survey and discussion

The wild water rapids are large slides of more than 6 feet in width. They involve large quantities of flowing water which sweep people down the slide through a variety of sections of bends with varying steepness.

A small survey conducted at the exit pool to the wild water rapids found that of 60 consecutive riders, 12

(20%) had visible minor discrete bruises or abrasions on their elbows and four people (7%) had punctate friction burns of the type seen in *Figure 1*. Three said that they had been caused by the wild water rapid slide when they caught their elbow on the side as they travelled down. The fourth could not remember for certain how it had happened. All said that they were not concerned by the injury and that they would be going on the slide again.

Minor abrasions and friction burns are well recognized injuries in other sports³ and it would appear that wild water rapid burns are a hazard of the slide along with minor bruises and abrasions to bony protuberances, and that in general participants accept them as such.

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