

Ganglion



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INTRODUCTION

- Ganglion cysts are the commonest cause of a swelling in the hand and they are found most often on the dorsal and volar surfaces of the wrist, over the dorsum of the DIP joint (digital mucous cyst) or within the flexor tendon sheath at the base of the finger (seed ganglion).
- Dorsal and volar wrist ganglions can cause discomfort.
- The swellings are smooth, fluctuant and trans illuminate brightly. Mucous cysts can frequently discharge and cause nail changes.



EPIDEMIOLOGY

- Predominantly seen in young adults. Rare in children.
- F:M = 3:1
- 60-70% in the dorsum of the wrist
- Most often multilocular
- Can occur in any joint or tendon sheath and communicates with that.



CLINICAL FEATURES

- The patient, often a young adult, presents with a painless lump, usually on the back of the wrist, but sometimes on the front.
- Occasionally there is a slight ache. The lump is well defined, cystic and not tender.
- It may be attached to one of the tendons.
- The ganglion often disappears after some months, so there should be no haste about treatment.



DIFFERENTIAL DIAGNOSIS

What is the differential diagnosis?

1. Bursae
2. Cystic protrusions from the synovial cavity of arthritic joints
3. Benign giant cell tumours of the flexor sheath (indistinguishable from flexor sheath ganglia)
4. Rarely, malignant swellings, e.g. synovial sarcoma.



TREATMENT

1. Non-surgical: 'watch and wait', or aspiration followed by 3 weeks of immobilization (successful in 30–50% of patients). (The old method of striking the ganglion with the family Bible is now out of favour!)
2. Surgical: complete excision to include the neck of the ganglion at its site of origin.



TREATMENT

- **What complications are associated with surgical treatment of a ganglion?**
 1. Wound complications, e.g. scar, haematoma, infection
 2. Recurrence – can be as high as 50% but can be lower if care is taken to completely excise the neck
 3. Damage to adjacent neurovascular structures.

