Argus Orthopaedic Zone

What is a Baker's Cyst?

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Transforming patient information into patient understanding.

It is the flip side of knee pain you might say.

Almost all of our patients with knee problems locate their pain to the front or one side of the joint. Of course some can't really localize it and say it is all over the knee.

There is a condition that is different from all the rest. A bulge develops behind the knee that you can feel and sometimes see. Pain is present also in the back of the knee and is worse when you fully straighten or bend it.

If these things are present you may be the new owner of a Baker's cyst! Interesting fact: William Baker was a British surgeon who described the condition in 1877.

Our joints are lubricated by synovial fluid produced by the joint's lining cells. All joints are lubricated like this to reduce friction between the joint surfaces.

Little sacs or bursae around the knee contain small amounts of fluid. These little pouches reduce pressure between the skin, tendons and bone.

The popliteal bursa is a special large one located at the back of the knee. If the knee produces too much synovial fluid for any reason (there are many) the excess fluid may move out of the knee through a valve mechanism and fill the popliteal bursa. The result is a Baker's cyst. Think of a balloon filled with jelly.

In a small number of patients there seems to be a one way connection for joint fluid to flow from the knee joint into the popliteal bursa.

This one way connection between the popliteal bursa and knee joint seems to be more common with age. The one way connection is most common between the ages of 50 – 70, although it can occur at any age.

For some patients there is no pain and the Baker's cyst goes unnoticed.

More often though the patients I see with Baker's cyst are experiencing symptoms such as 1) Pain with walking, 2) Tightness behind the knee, 3) Swelling in the leg and foot, 4) Swelling and pain in the knee joint in front.

Since symptoms are often present only in the back of the knee and perhaps the upper calf, a blood clot has to be considered when I am examining the patient. When a patient is examined for almost any condition I have to think of several possibilities, which doctors refer to as their differential diagnosis. If you are only thinking of one possibility then a lot of the time you will be wrong. To form a proper differential diagnosis is one of the first things I learned at the University of Michigan Medical School.

Next time I will cover how it is possible to sort this out and what the proper treatment is for Baker's cyst.

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Dr. Haverbush