

Argus Orthopaedic Zone

Treatment of Baker's Cyst

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Transforming patient information into patient understanding.

For any of you who missed class last week, you'll have to get the notes from someone else. Otherwise this week it may be kind of hard to follow.

The reason to write about these cysts is that they are very common and can be hard to diagnose and treat. I didn't mention it last week, but these behind the knee cysts can occur at any age even in small children.

The list of possible causes of popliteal cyst (medical talk!) is long. It is my job to figure all this out for you so I don't want to get sidetracked telling you about a lot of rare possibilities.

After history, physical exam and plain x-rays are completed we would usually get an MRI or ultrasound. Which test we get depends on the initial office findings. It doesn't always have to be MRI (as I have pointed out in the past).

Once we confirm the diagnosis of Baker's cyst, treatment can be planned. Again, treatment is not always the same, because it is based on diagnosis.

Thoreau said "simplify, simplify" so I will try. Let's say the Baker's cyst is caused by a torn cartilage that causes extra joint fluid to accumulate. This fluid then forces its way out of the joint into the bursa in the back of the knee.

If it is really large we can aspirate it in the office to relieve pain and pressure. Since the cause is the torn cartilage, that usually needs to be treated arthroscopically. Patients always ask pre-op, "Are you going to take out the cyst?" We rarely do that because treating what is causing the extra fluid (torn cartilage) usually solves the problem. Frequently at surgery we will also aspirate the fluid in the cyst.

It is not always easy to aspirate the fluid in the office. We often have it done in the x-ray department with ultrasound guiding where to aspirate the fluid.

It is really unusual to have to operate on someone to remove the cyst. It can only be done open and is a big operation with a big incision. I may operate on one or two a year for all the ones we see.

If the cause of the fluid building up in the front of the knee can be treated and the fluid doesn't continue to accumulate, the cyst problem is solved. If some fluid comes back at some point and is a problem, it can be successfully treated by ultrasound guided aspiration.

In closing I need to stress that the cyst's presence is almost always related to inflammation or irritation within the knee, so although drainage and injection may relieve the pain, the real underlying problem needs to be identified and treated to help resolve the problem.

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Dr. Haverbush