# ORTHOSPORTS

QUESTION FOR PHYSIOTHERAPISTS

**QUESTION |** I HAVE A 61 YEAR OLD LADY WITH A GRADUAL DECLINE FROM MILD TO MODERATE OSTEO-ARTHRITIS IN HER RIGHT KNEE.
MORE ACUTE IS THE VERY LARGE (6.8x3.3x2.8) NON-RUPTURED BAKERS CYST CAUSING THIS LADY EXTREME PAIN AND INTERMITTENT SWELLING OF THE WHOLE LEG.
SHE HAS BEEN ADVISED THAT THIS IS IN-OPERABLE. I WOULD LIKE TO KNOW WHY THESE CYSTS ARE IN-OPERABLE. IS THERE ANY PLACE FOR SURGERY ON THESE?

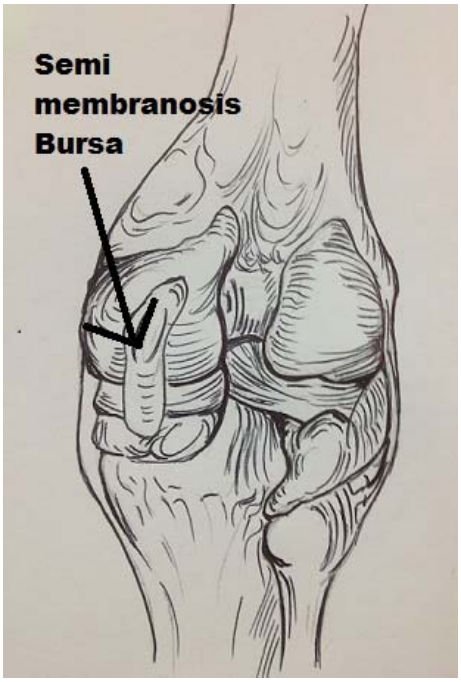
**ANSWER |** The presence of a Popliteal Cyst was first described by Baker in 1877 and now bears his name.

A Bakers Cyst is the name used commonly for swelling in the popliteal fossa. It is caused by inflammation from within the knee joint, resulting in synovial fluid being pumped into one of the many bursae at the back of the knee. It is not a true cyst as communication with the knee joint is almost always maintained.

The most commonly involved being the gastrocnemiosemimembranosis bursa. Its presence is non-specific as it can be associated with any condition resulting in inflammation and swelling with the knee including osteo-arthritis, rheumatoid arthrtitis, infection, pigmented villonodular synovitis, meniscal tears and acute trauma.

With chronic inflammation or an acute haemarthrosis these may become quite large and painful. Occasionally these may rupture causing acute pain posteriorly in the knee followed by swelling in the calf, it is important under these circumstances to exclude a DVT.

It is important to realize that Bakers Cysts are a secondary phenomenon and can be regarded as a symptom of underlying knee pathology rather then a problem in its self. Treatment should be directed at the underlying knee pathology (e.g. meniscal tears, osteoarthritis).




Excision of the bakers cyst almost always leads to recurrence has a very high complication rate (synovial fistula formation, infection etc.) and so is not recommended. Baker's Cysts almost always resolve with treatment of the underlying condition.

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