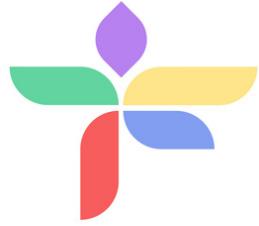


GANGLION CYSTS



DR CHRISTY GRAFF
Foot and Ankle
Adult and Paediatric Orthopaedic Surgeon

0493 461 133
(08) 9118 3112
HealthLink:drcgraff
admin@christygraff.com
www.drchristygraff.com

CAUSES OF GANGLION CYSTS

The exact cause of ganglion cysts is not fully understood, but several theories exist

- Joint arthritis in the communicating joint
- Joint or tendon irritation from repetitive stress creating fluid build up causing the capsule to bulge outward, causing a small sac that fills with fluid
- Children and adolescents can also be prone to developing ganglions, which often resolve

SYMPTOMS OF A MORTON'S NEUROMA

Ganglion cysts may cause few or no symptoms. Common presentations include:

- **A visible lump**
- **Pain or aching:** Especially when the cyst presses on a nerve or joint. The pain may worsen with movement.
- **Tingling or numbness:** Nerve compression can cause pins-and-needles sensations or reduced sensation.
- **Weakness or stiffness:** Larger cysts can interfere with joint motion, causing pain with mobility
- **Fluctuating size:** The lump may grow or shrink depending on activity levels or rest..



Picture of a ganglion cystt

GANGLION CYSTS



DIAGNOSIS

Diagnosis is usually made on taking a history and examining the foot. Additional tests are usually ordered to confirm the diagnosis, assess where the ganglion is arising from and assess other potential causes of pain or problems in the foot/ankle

- X-ray: Occasionally used to detect underlying arthritis or bone changes
- Ultrasound: Helps confirm that the lump is fluid-filled and identifies its connection to a joint or tendon.
- MRI scan: Used in complex or deep-seated cysts, especially in the foot or ankle, to view soft tissues and rule out other conditions.
- Ultrasound guided aspiration: Drawing fluid from the cyst with a needle can confirm the diagnosis and temporarily relieve pressure. There is about a 50% recurrence rate.

These tests ensure that the lump is indeed a benign ganglion cyst and not another type of soft tissue growth or tumour.

TREATMENT

The treatment of a Morton's neuroma can be divided into non-surgical and surgical approaches:

Non-Surgical Treatment:

- **Observation ("Watch and wait"):** If the cyst is painless and does not cause problems it may simply be monitored. Some cysts disappear on their own without treatment, or never cause problems

- **Ultrasound guided aspiration (drainage) and injection with steroid:**

There is about a 50% recurrence rate with this technique, as it does not get rid of the sac the fluid is in (the cyst)

Surgical Treatment:

- **Surgical removal:** Surgery is recommended when cysts are painful, restrict joint use, or repeatedly recur. Dr Graff removes the cyst along with the stalk connecting it to the joint capsule or tendon sheath. Surgery offers the lowest recurrence rate but involves a short recovery period.
- **Joint arthritis treatment:** Ganglion cysts arising from arthritic joints have a higher chance of recurrence due to the arthritic joint continually producing fluid. Sometimes the underlying joint arthritis needs to be treated to eradicate the cyst (**see Ganglion Cyst Excision Surgery**)

Alternative or historical remedies:

In the past, some people attempted to 'burst' cysts by hitting them (ie with a bible) but this method is painful, can cause injury and the ganglion often returns

USEFUL WEBSITES

WebMD

<https://www.webmd/women/mortons-neuroma>