

Ganglion cysts arise from the capsule of a joint or the sheath of a tendon. They can be found at different places on the wrist. A ganglion cyst that grows on the top of the wrist is called a dorsal ganglion. Others are found on the underside of the wrist between the thumb and your pulse point, at the end joint of a finger, or at the base of a finger. Most of the time, these are harmless and will often disappear in time.

Cause

A ganglion cyst contains a thick, clear, mucus-like fluid similar to the fluid found in the joint. No one knows what triggers the formation of a ganglion. Women are more likely to be affected than men. Ganglia are common among gymnasts, who repeatedly apply stress to the wrist.

Symptoms

- Raised or swollen area; may appear filled with fluid
- Painful, although some are not
- These often fluctuate in size

Diagnosis

Your doctor may ask you how long you have had the ganglion, whether it changes in size, and whether it is painful. Pressure may be applied to identify any tenderness. A penlight may be held up to the cyst to see whether light shines through. X-rays may be taken to rule out other conditions, such as arthritis or a bone tumor. Sometimes, an MRI or ultrasound is needed to find a ganglion cyst that is not visible.

Treatment

- **Observation:** Because the ganglion is not cancerous and may disappear in time, just waiting and watching may be enough to make sure that no unusual changes occur.
- Immobilization: Activity often causes the ganglion to increase in size. This is because activity increases pressure on nerves, causing pain. A wrist brace or splint may relieve symptoms, letting the ganglion decrease in size. As pain decreases, your doctor may prescribe exercises to strengthen the wrist and improve range of motion.
- Aspiration: If the ganglion causes a great deal of pain or severely limits activities, the fluid may be drained from it. This procedure is called "aspiration." The area around the ganglion cyst is numbed and the cyst is punctured with a needle so that the fluid drains away.

Nonsurgical treatment leaves the outer shell and the stalk of the ganglion intact, so it may reform and reappear. This recurrence rate is 50-60%.

Surgery

The ganglion cyst can be removed through outpatient surgery, typically with local or regional anesthetic. However, this is no guarantee that the cyst will not grow again. Recurrence rate after surgery is 5-10%. Surgery may also include removing part of the involved joint capsule or tendon sheath. There may be some tenderness, discomfort, and swelling after surgery. Normal activities usually may be resumed two to six weeks after surgery.

Adapted from American Academy of Orthopaedic Surgeons. For more information, see orthoinfo.aaos.org

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