

Acromioclavicular Joint Ganglion Cyst: An Uncommon Diagnosis of Shoulder Mass

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INTRODUCTION:

Acromioclavicular joint (ACJ) ganglion cyst is an uncommon diagnosis of a shoulder mass. Most reported literature consists of case reports and series.

REPORT:

A 52 years old gentleman presented with a large painless mass of the left shoulder for a year. Rotator cuff muscles special tests were negative. X-ray of the left shoulder showed degenerative changes of the ACJ. Ultrasound findings are suggestive of ganglion cyst with origin from the acromioclavicular joint. Patient was keen for surgical excision due to cosmetic appearance. Histopathology report confirmed it was a ganglion cyst.

The pathogenesis of ACJ ganglion cyst is described as a defect which occurs from osteophytes, chronic friction and mechanical wear in the inferior articular portion of the AC joint capsule allows synovial fluid from the glenohumeral joint to escape and form loculated fluid-filled mass.¹ ACJ ganglion cyst is often associated with massive rotator cuff muscles tear.²

Management of ACJ ganglion cyst has been consisting of personal case reports and series due to its rarity. Treatment options include observation, needle aspiration, surgical excision with or without rotator cuff repair, and glenohumeral joint hemiarthroplasty.⁴ A wait and see approach is appropriate for patients whom are not concerned by the pain and aesthetic of the swelling.³ The mainstay treatment is surgical excision and recurrence incidence is low. We advise adequate resection of the base of the cyst to remove the one-way “pinch-valve” effect and cauterization of the stalk’s base.



Figure 1: Left Shoulder Anterior view & X-Ray
Figure 2: Intraoperative Macroscopic Appearance

CONCLUSION:

ACJ ganglion cyst is a differential diagnosis in elderly patient with shoulder swelling.

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