

# ISOLATED GIANT BAKER CYST: A CASE REPORT

<sup>1</sup>Siek IM; <sup>2</sup>Ihsan MI ; <sup>1</sup>Karunakgaran K ;<sup>2</sup> Kamalruzaman MA

<sup>1</sup> Department of Orthopaedics, Hospital Enche Besar Hajjah Khalsom, Kluang,

## INTRODUCTION:

Baker cyst is relative common in patient > 50 years. Isolated giant baker cyst is rare condition among them.

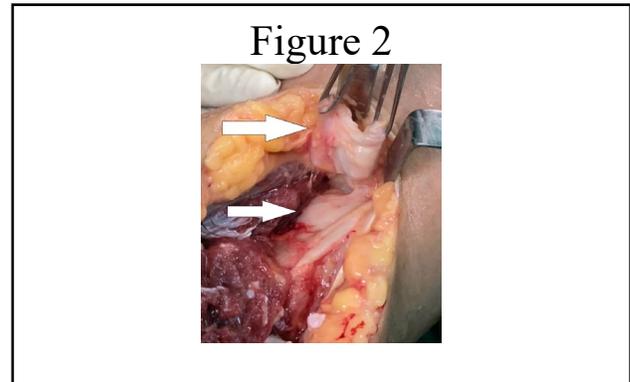
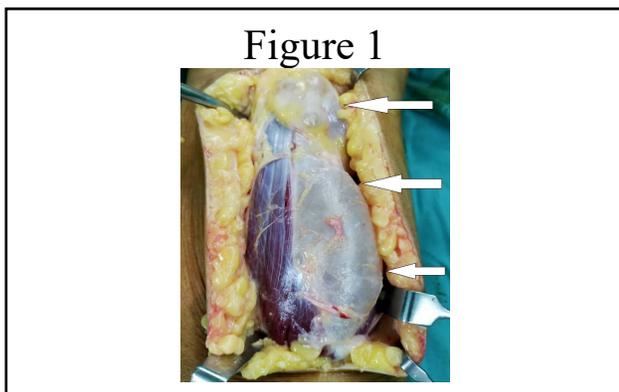
## REPORT:

A 53-years-old woman complaint of painless left calf swelling for 2 months which gradually increasing in size . No history of recent trauma and restriction of ROM. Clinically there is a soft popliteal fossa swelling up to medial calf .All calf compartments are soft and no neurovascular deficit. Normal finding on plain radiograph. USG demonstrated a cystic lesion (2.4x9.8cm) and no DVT. Her WBC, ESR , D- dimer and Rheumatoid factor normal.

After 2 months of conservative treatment . Patient underwent excision biopsy. Intraoperatively a giant lobulated cyst (21x4.5x2.5cm)was found.The stalk is embedded over fabella and exposed medial meniscus posteriorly after excised. There are no neurovascular compression. Distal part of lesion is adhered to the superficial medial head of gastrocnemius muscle.

HPE show features of baker cyst. Patient was discharged after 3 months follow up.

## Figure 1: Legend. Lobulated cystic lesion left popliteal fossa(ARROW)



## Figure 2: Legend. Cystic lesion stalk over fabella (ARROW)

## DISCUSSION:

Baker's cyst represents distended gastrocnemio-semimembranosus bursae.<sup>2</sup> According to Fielding et al there are 4% incidence rate among adult population and even higher in Gout and RA patient. <sup>1</sup> Sanchez et al demonstrated that tibial neuropathy and popliteal vein compression are common in popliteal cyst compression.<sup>3</sup> It tends to expands laterally to compress neurovascular bundle.<sup>3</sup>Rupp et al. indicated that Baker's cyst is often accompanied by a medial meniscal tear and chondral lesions.<sup>1</sup>In our case , no neurovascular compression and medial meniscus tear intraoperatively. MRI is useful to detect suspicious lesion .

## CONCLUSION:

It is important to differentiate Baker cyst from thrombophlebitis, a popliteal aneurysm, tumor or muscle tear to favor outcome .

## REFERENCES:

1. Levent et al., Case Rep Orthop\_ 2017; 2017: 4293104.
2. Lee et al., Korean J Intern Med\_ 2000 Jan; 15(1): 96–98.
- 3.Sanchez et al., J Vasc Surg .2011 Dec;54(6):1821-9.