

OOOPS IT CAME BACK- A RARE CASE OF RECURRENT INTRAOSSEOUS GANGLION CYST

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INTRODUCTION:

Ganglions are common disorders found in soft tissues whereas, intraosseous ganglion cyst (IGC) are rare lesions which commonly affect carpal bones of the hand.(1) Two theories has been postulated for its pathogenesis, first, extraosseous ganglion penetrating into underlying bone and second is idiopathic.(2) Here, we share a case of recurrent idiopathic intraosseous ganglion cyst of proximal phalanx.

REPORT:

64 years old lady, presented with left middle finger swelling and tenderness for two years. No trauma or relevant past medical history. Examination showed mild swelling with phalangeal joints stiffness without any skin changes. Blood investigations were unremarkable. Xray (Figure 1) showed radiolucency of proximal phalanx. No periosteal reaction noted. Initial diagnosis of enchondroma was refuted when histopathology examination (HPE) came back as ganglion cyst post extended bone curettage. Her symptoms recurred a year later with magnetic resonance imaging (MRI) showing cyst arising from radial aspect of proximal phalanx measuring 3.3x5.8mm with cortical breach (Figure 2). She underwent extended curettage, bone graft insertion with plating of middle phalanx. Intraoperatively, cyst was primarily arising from bone. HPE showed features consistent with ganglion cyst. Currently, patient is asymptomatic and range of movement of her middle finger is almost full.

CONCLUSION:

IGC is rare, but happens. Curettage and bone graft insertion is indicated for patient that shows significant progression via xrays, increasing pain symptoms as well as cortical erosion via imaging modalities.(2) Early detection and treatment, beneficial for hand function.



Figure 1: Anteroposterior (left) and Oblique view (right) of left hand radiograph showed lytic lesion over proximal phalanx of middle finger.



Figure 2: MRI of middle finger showed cortical erosion of proximal phalanx

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