Periosteal Region GanglionicCyst Rare Entity

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- □ A ganglionic cyst is defined as a mass filled of gelatinous material.
- □ Ganglion cyst are further classified as extra-articular, intra-articular, intra-osseous and periosteal type(rare).

□ Origin of periosteal ganglionic cyst is from myxomatous degeneration of Periosteum.

□ For accurate diagnosis, digital radiographs[Fig-1] and magnetic resonance imaging along with histopathological examination are of utmost value.

II. Review of literature

S.NO.	STUDY	Age/Sex	Chief complaint	Treatment	Follow-up
1	Junya Oshima	61yrs, M	Painless swelling around waist past 10years, on examination subcutaneous	En-blocexcision	18months,no
	etal(2021)		swelling around right iliac crest (15x 18 cm)		recurrence
			Radiograph- Normal		
			MRI- well defined lesion with smooth margin		
2	P.H Vora et al	35yrs, M	Pain in left popliteal fossa past 2 monthsRadiograph- Normal	Excision	3months, -
	(2018)		MRI- showed cystic loculated lesion on lower end femur(posterior		
			aspect),size- (17mm x 15mm)		
3	Reghunath et al	62yrs, M	Swelling over antero-medial aspect of left leg with dull aching pain past 1	Excision	4months, no
	(2017)		month,		recurrence
			Radiograph-shows irregularity in cortex of diaphyseal region with soft		
			tissuemass and periosteal reaction.		
			Ct-scan shows mass arising from periosteum.		
			MRI- shows cystic and lobulated mass with septation and underlying		
			bony		
			erosion.		
4	Tae Kang Lim	41yrs, F	Pain around right wrist and forearm past 3 months,	En-bloc	15months, no
	et al(2012)		Radiograph- shows lytic area around dorso-ulnar aspect of distal radius along	excision	recurrence
			with periosteal calcification and irregular cortical erosion.		
			Ct-scan shows thinning of outer medial cortex with curved bone in		
			anterior		
			portion of distal radius		
			MRI- shows mass with homogenous nature on dorso-ulnar cortex of		
			distal		
a vo	CITATION	1 19	radius.		
S.NO.	STUDY	Age/Sex	Chief complaint	Treatment	Follow-up
5	Wigley et	49yrs, M	Swelling around right shin on anterior surface since 6 months, onexamination	Aspiration	-
	al(2019)		size was 7cm x 5cm	performed	
			Radiograph-Normal		
			MIRI shows a subcutaneous mass with no communication with knee		
			joint.		

III. Case Report

A 55 year-old male patient presented to outdoor clinic with gradually increasing swelling on anteromedial aspect of right knee joint with intermittent episodes of pain on prolonged standing and walking since eight months. On MRI, well defined cystic lesion with internal septations measured around 4x 3cm [Fig- 2].

Patient position supine on table, lazy-S skin incision[Fig-3] was made around anteromedial aspect of knee, subcutaneous dissection was carried out along with completeen-bloc excision[Fig-4].

Excised tissue was sent for histo-pathological examination(HPE), gram'sstaining and fungal culture [Fig-5].

Diagnosis was confirmed with HPE reports showing gelatinous material within cyst along with presence of pseudo-synovial cells and periosteum with fibrous tissue on outer aspect of cavity suggestive of ganglionic cyst of periosteal origin[Fig-6].



Fig-1 Antero-posterior and lateral digital knee showing soft tissue swelling. Fig-2 Magnetic resonance imaging (sagittal radiographs of sections) showing well defined cystic lesion arising from bone



Fig-3 Showing Lazy 'S' incision for excisionalbiopsy around right knee joint.



Fig-4 Anteromedial aspect of knee post excisionalbiopsy.



Fig-5 Excised sample around knee joint. Fig-6 HPEsuggestive of ganglionic cyst.

IV. Discussion

We have seen five cases involving long and flat bones between 2012-2022 out of five cases, four of them were males and one female aged 35 to 62 years with mean age (49.6 years).

Although rare, it occurs most commonly around proximal tibia around pes-anserinus region. Male predominance and seen commonly around 4^{th} - 5^{th} decade of life.

Presentsas diffuse cystic swelling with tenderness, soft tissue extension, cortical erosion and periosteal reaction. Complete excision along with the surrounding periosteum is the recommended option.

V. Conclusion

Ganglionic cyst of periosteal origin are considered as benign cystic lesions commonly affecting long bones of lower limbs.

It has a favourable prognosis, but this rare entity has high chances of recurrence.