

# Three Things to Know About Wrist Ganglions

So you have the telltale bump on the back of your wrist that comes and goes. It hurts when you move your wrist as far as it will go into extension. Any movement that puts pressure into the palm (like doing a pushup) aggravates it. The surgeon says it's a wrist ganglion.

A ganglion is a small, harmless cyst, or sac of fluid, that sometimes develops in the wrist. Doctors don't know exactly what causes ganglions. How do you know for sure that's what you have instead of something more serious like cancer?

X-rays are of no proven value in detecting ganglion cysts. The physician's clinical exam is often sufficient to make a diagnosis. Imaging studies (ultrasound and MRIs) have been shown to be reliable and accurate -- most of the time.

There are cases where neither one shows a cyst when there really is one present. Only surgical removal and examination of the tissue is 100 per cent accurate. Ultrasound may be preferred over MRIs because it is a less expensive diagnostic procedure.

What do you do about it? A ganglion that isn't painful and doesn't interfere with activity can often be left untreated without harm to the patient. However, treatment options are available for painful ganglions or ones that cause problems. Altered sensation and loss of hand function can interfere with daily activities, self-care, and work or play.

Before treating it, there are three things to know about wrist ganglions. First, they don't get much worse than what you are experiencing now. The medical term for that idea is limited morbidity of the lesion. Second, left alone, they often go away on their own. And third, if you have them surgically removed, they often come back.

Treatment consists of reassurance that nothing needs to be done, aspiration, or surgical removal. Aspiration involves placing a needle into the cyst and removing any fluid inside. Surgery can be done two ways: open incision or the less invasive arthroscopic approach.

You may wonder which treatment approach has better results? Is surgery really necessary for you? A review of studies done shows that even with equal results between doing nothing and having surgery or aspiration, patients who have the cyst removed or aspirated are happier (more satisfied) with the results than patients who accept reassurance alone.

The cyst comes back more often with aspiration compared with surgery. There's some evidence that surgery works better because the surgeon can get all the way down to the stalk of the cyst. The stalk is where it connects into the tissue and draws synovial fluid from the joint. Recurrence rate after open versus arthroscopic surgery is fairly even (slightly more with arthroscopy).

Patients should keep in mind that surgery comes with its own set of risks. Infection, poor wound healing, and decreased wrist motion are possible complications. Other problems that can develop include damage to the blood vessels or nerves, injury to important wrist ligaments or bones, and poor cosmetic appearance.

Where does all that leave patients with wrist ganglions? Each person must make his or her own decision about treatment. If the cyst doesn't hurt and doesn't limit activity or function, then the evidence supports leaving it alone.

Surgery (when it is done) may not be 100 per cent "successful" if success is defined by everything is perfect and the cyst never comes back. But the reality is that at least one out of every 10 patients who have a ganglion cyst surgically removed experience recurrence of the problem. Some studies report an even higher than 10 per cent incidence of recurrence after surgical removal (up to 39 per cent recurrence rate).

Surgeons agree that more research into this problem is really needed. It's important to be able to sort through all the patient variables and find the right treatment for each person. Physical as well as psychologic aspects of illness must be considered. Patient satisfaction may be defined and measured differently by patients and surgeons across the board. These variables need further study as well.

Reference: Jonathan Gant, MD, et al. Wrist Ganglions. In *The Journal of Hand Surgery*. March 2011. Vol. 36A. No. 3. Pp. 510-512.