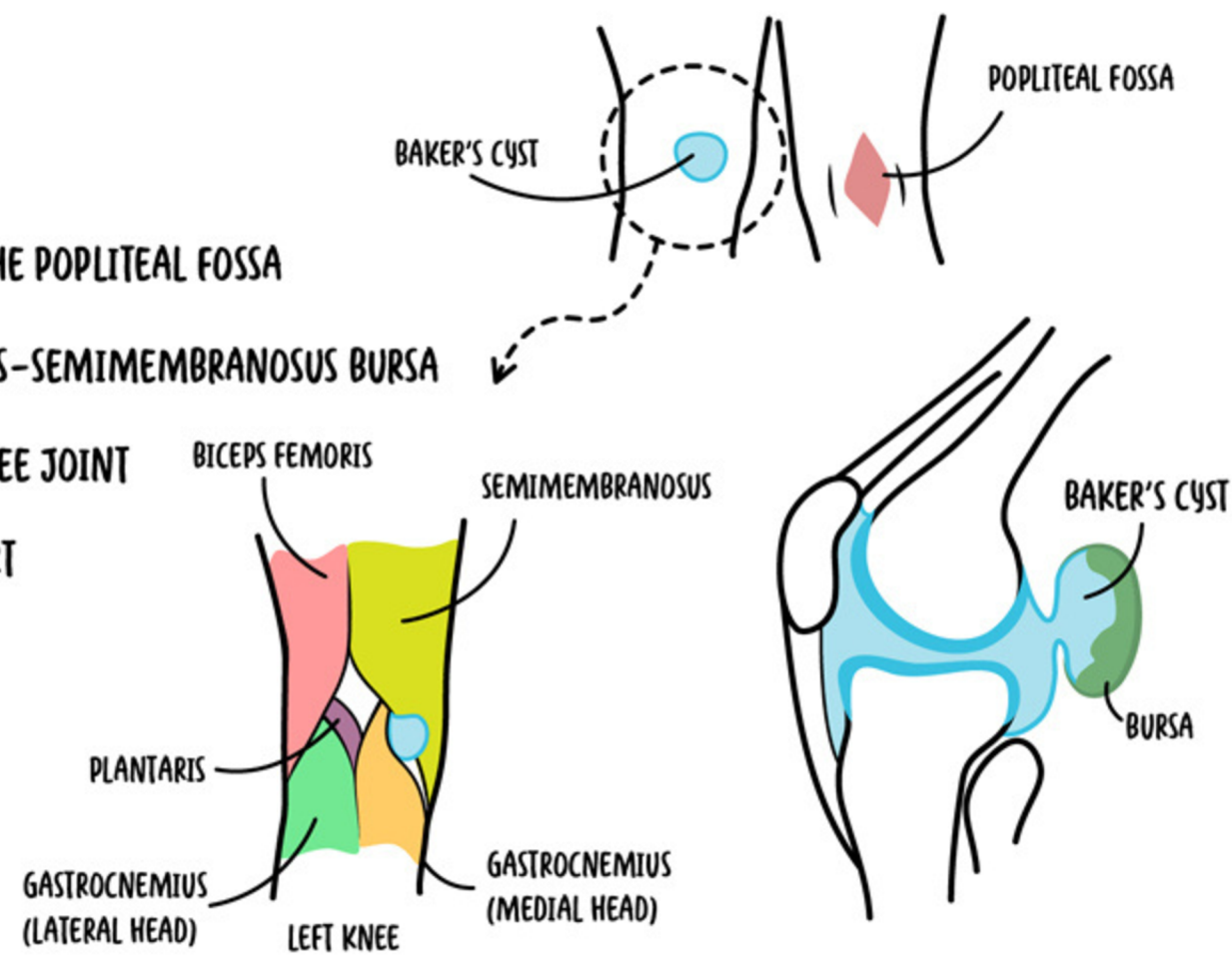


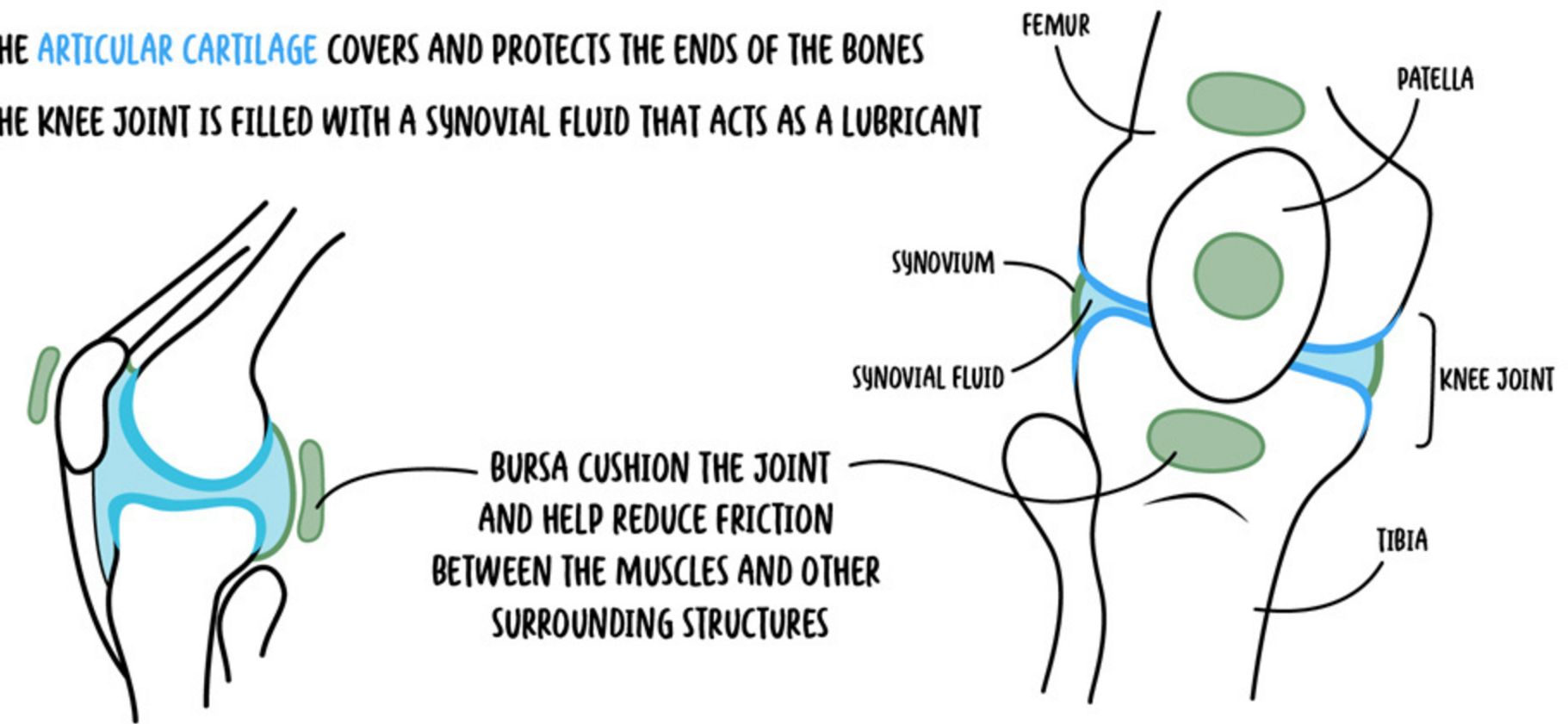
BAKER'S (POPLITEAL) CYSTS

- COMMON DISORDER IN THE KNEE
- FORMS AT THE BACK OF THE KNEE IN THE POPLITEAL FOSSA
- ENLARGEMENT OF THE GASTROCNEMIUS-SEMIMEMBRANOSUS BURSA
- RESULT OF A DEGENERATION OF THE KNEE JOINT
- MAY CAUSE STIFFNESS AND DISCOMFORT



ANATOMY OF THE KNEE

- THE **ARTICULAR CARTILAGE** COVERS AND PROTECTS THE ENDS OF THE BONES
- THE KNEE JOINT IS FILLED WITH A **SYNOVIAL FLUID** THAT ACTS AS A LUBRICANT

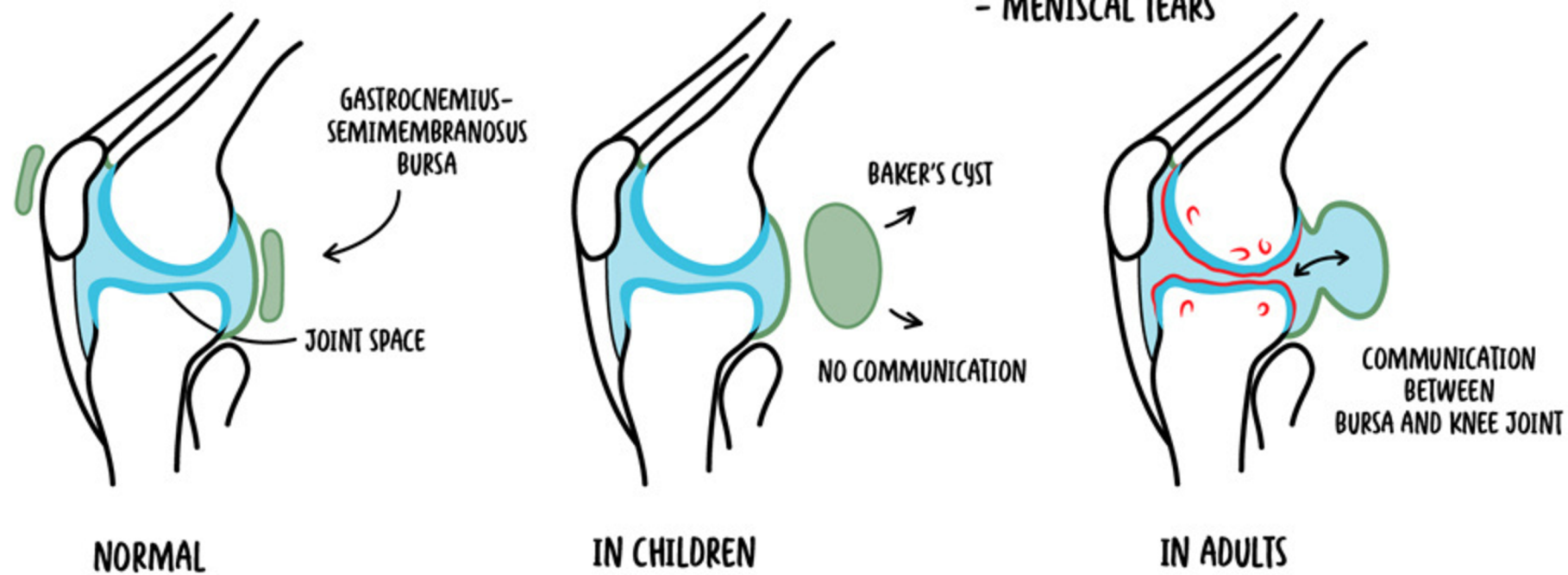


BAKER'S CYST

- WAS FIRST DESCRIBED BY DR. WILLIAM MORRANT BAKER
- ASYMPTOMATIC
- DETECTED INCIDENTALLY

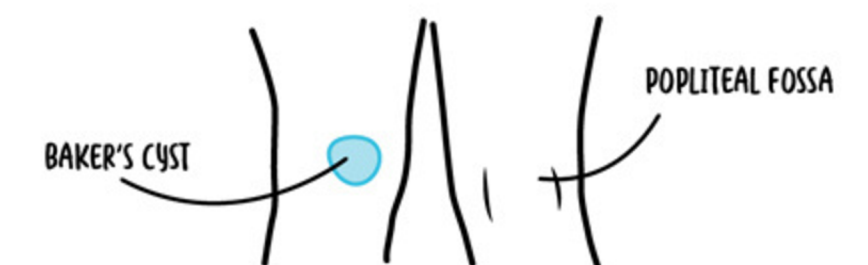
DEGENERATIVE OR INFLAMMATORY JOINT DISEASE OR INJURY

- OSTEOARTHRITIS
- RHEUMATOID ARTHRITIS
- MENISCAL TEARS



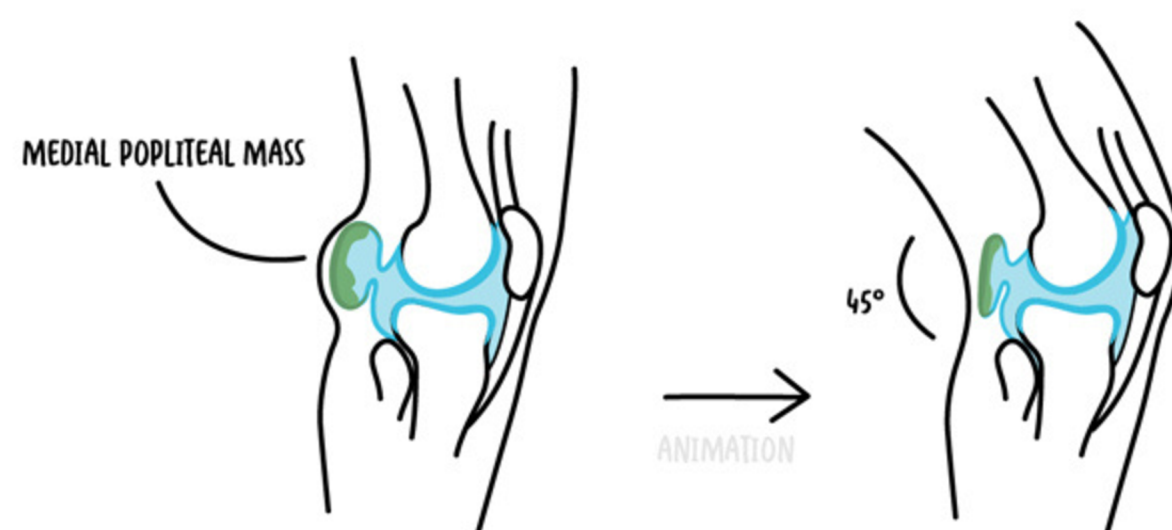
CLINICAL PRESENTATION

- INFLUENCED BY THE SIZE OF THE CYST
- TYPICALLY IDENTIFIED INCIDENTALLY
- NORMALLY ASYMPTOMATIC
- POSTERIOR KNEE PAIN, KNEE STIFFNESS, AND SWELLING OR A MASS BEHIND THE KNEE (ESPECIALLY IN EXTENSION)
- DISCOMFORT WITH PROLONGED STANDING AND WITH HYPERFLEXION OF THE KNEE



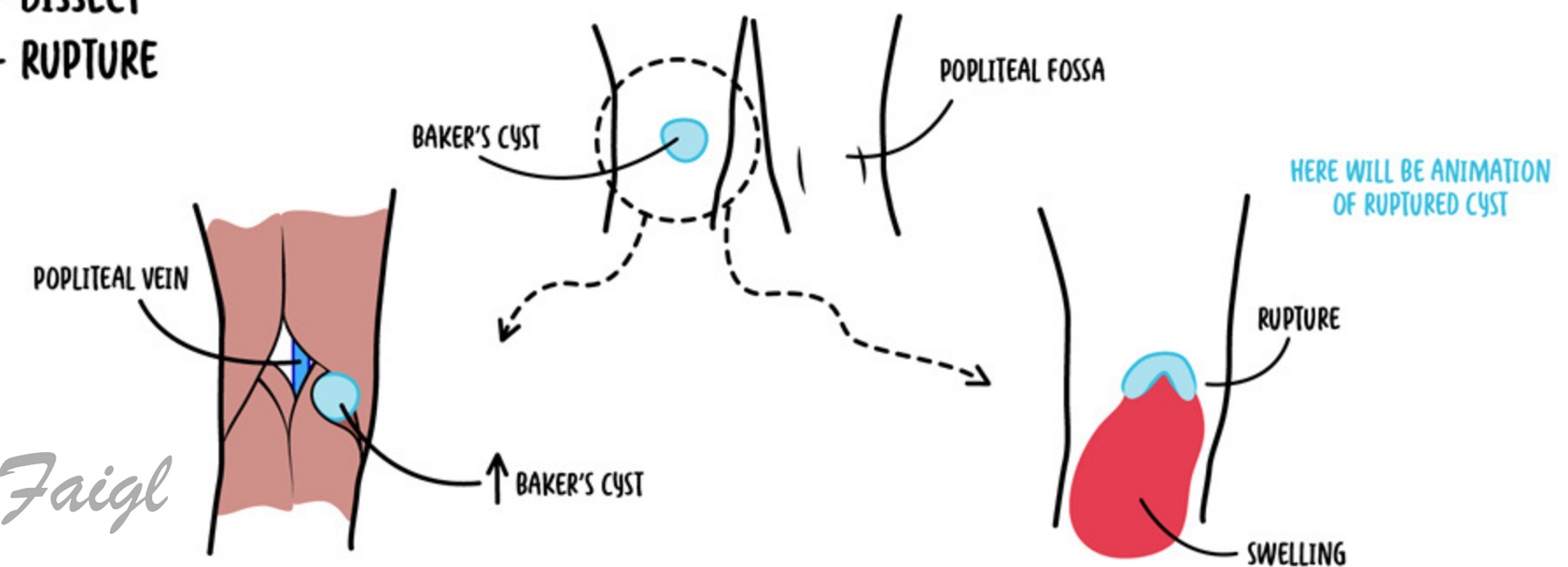
PHYSICAL EXAMINATION

- **MEDIAL POPLITEAL MASS**: MOST PROMINENT WITH THE PATIENT STANDING AND THE KNEE FULLY EXTENDED
- **FOUCHER'S SIGN** - THE SWELLING SOFTENS OR DISAPPEARS UPON KNEE FLEXION TO 45 DEGREES



COMPLICATIONS

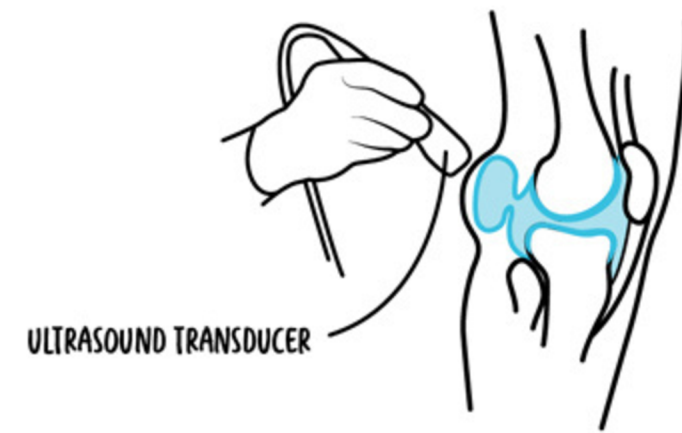
- ENLARGE -> COMPRESS A VEIN -> LOWER LEG AND ANKLE SWELLING
- DISSECT
- RUPTURE



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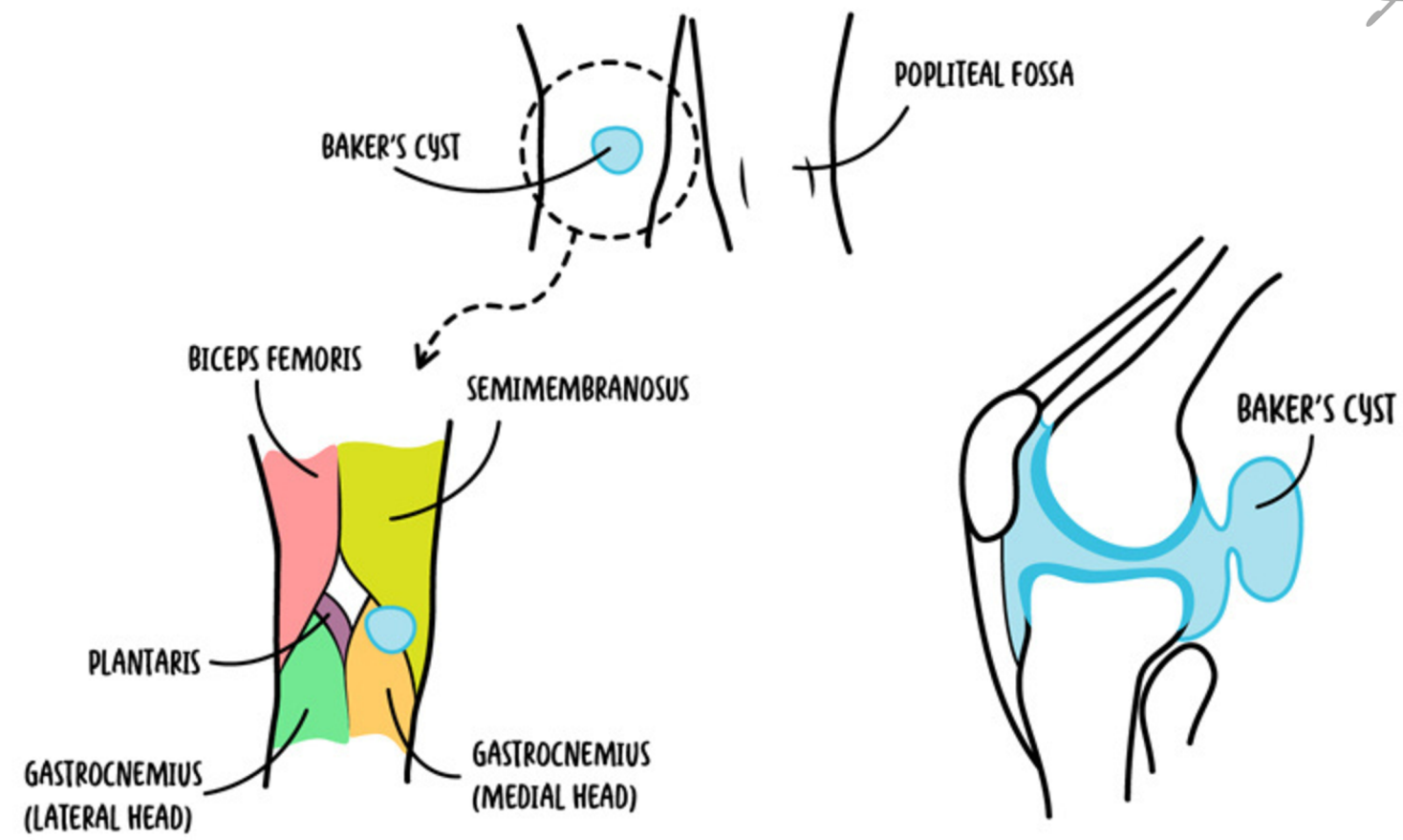
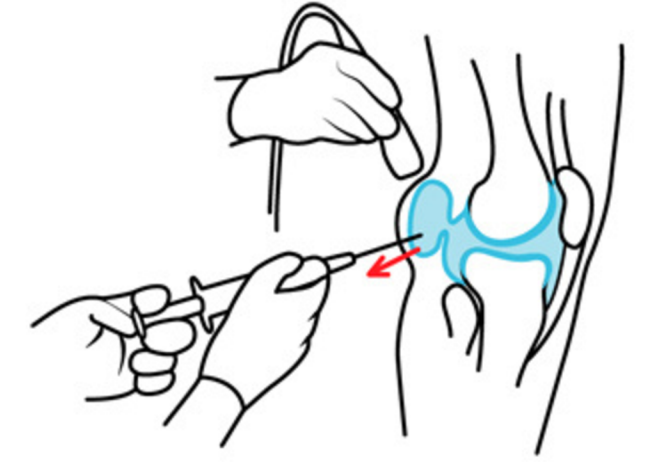
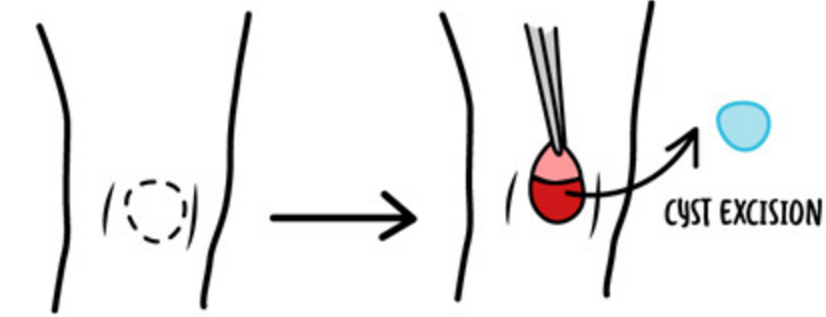
INVESTIGATIONS

- HISTORY AND EXAMINATION
- ULTRASOUND
- XRAY
- MRI



MANAGEMENT

- TREATING UNDERLYING JOINT PATHOLOGY: RHEUMATOID ARTHRITIS
- PATIENTS WITH SYMPTOMATIC PAIN
- ULTRASOUND-GUIDED DIRECT ASPIRATION OF POPLITEAL CYSTS (+ GLUCOCORTICOID INJECTIONS)
- SURGICAL EXCISION



Armando H. Faigl