



Pearl ganglion (mucous cyst)



What is it?

A ganglion is a thin walled cyst containing jelly like material. It can arise from a joint or tendon sheath. It is usually degenerative. Occasionally it may follow trauma.

This ganglion usually arises from a degenerative knuckle joint at the end of the finger. The cyst is itself harmless although it may be painful. Pressure on the nail growth plate can result in a deformed nail. On occasion the skin breaks down resulting in a discharge or infection.



How is it diagnosed?

Pearl ganglion is diagnosed on the basis of the history described above, and by clinical examination. Plain radiographs of the finger joints may be required to confirm the presence of osteoarthritis.



What is my approach to treatment?

Aspiration carries a high recurrence rate and risks introducing infection. The preferred treatment is open surgical excision.



What does an operation involve?

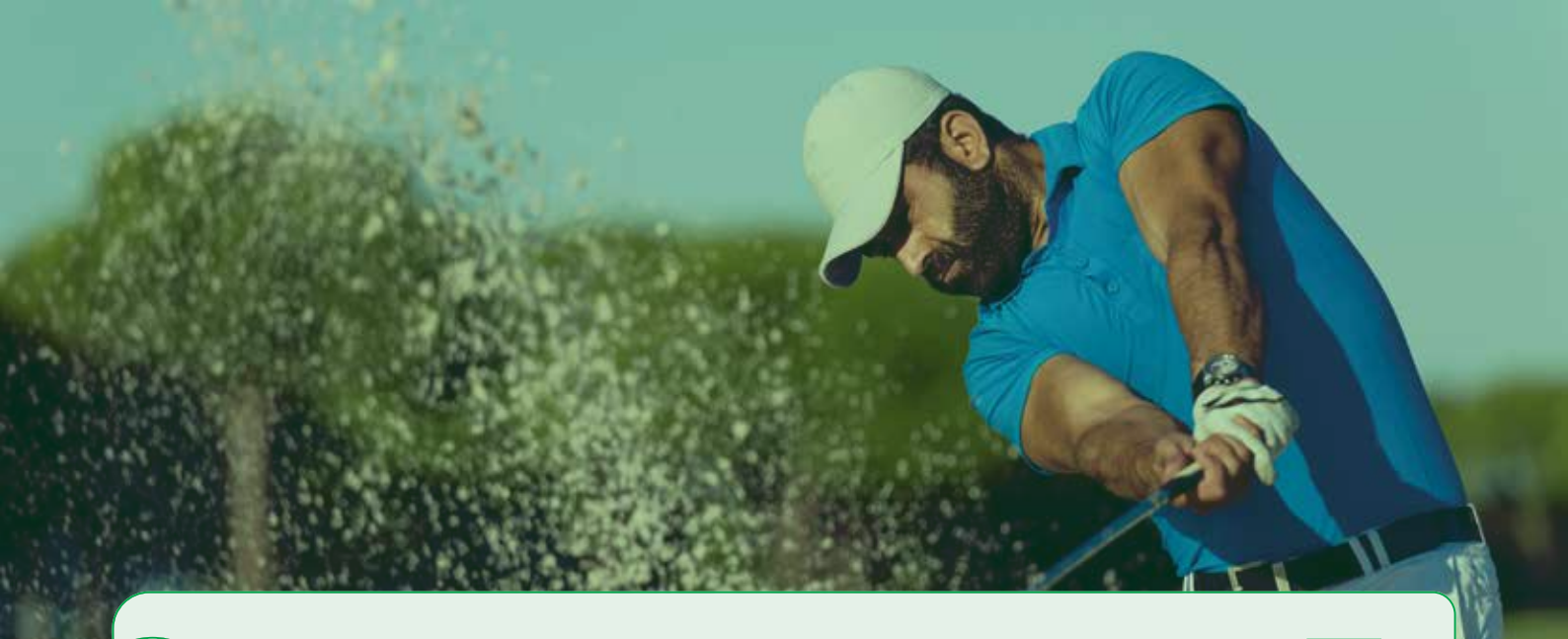
Surgery is normally carried out as a day case under general or regional anaesthetic. A thin tourniquet is applied to the finger. This provides a clear view of the operative field for surgery.

The cyst is removed via a small incision over the back of the finger. Sometimes if the cyst is large or overlying skin of poor quality it is necessary to transpose skin from the same digit. This requires a longer incision.

A small protuberance of bone (osteophyte) from the knuckle joint is normally removed in order to minimise the risk of recurrence. If wear in the joint is severe, surgical fusion may be required (see Heberden's Node).

The skin is closed with non-absorbable sutures. A long acting anaesthetic injection is then administered to provide pain relief. Finally, a dressing and bandaging are applied.





What is the recovery period?

Once the local anaesthetic has worn off, normally 6 to 8 hours, simple analgesics and anti-inflammatory tablets may be used for pain.

The hand should be kept elevated as much as possible during the first week after the operation, although finger movements are to be encouraged. A high arm sling may be useful for this purpose.

Bandaging is reduced after 5 to 7 days. Sutures are removed in the clinic after two weeks. It should then be possible to wet the hand. Prior to this it's possible to shower by keeping the extremity dry with a plastic bag secured over the limb using an elastic band or a purpose made shower cover.

Most pain and swelling will have settled within four weeks after surgery.

Driving is usually possible after seven days.

When a patient is ready to return to work depends on their specific job role and may also vary from individual to individual. It may be possible to return to light keyboard work towards the end of the first week. Heavy manual work should be avoided for 3 to 4 weeks.



Are there any possible complications?

Over 95% of patients are satisfied with the result.

However, as with any treatment, there are always risks involved: infection: 2%, chronic regional pain syndrome: 2%, recurrence: 10%, nail bed injury and deformity: Possible but not likely



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