## CONDITION Wrist Ganglia

### CONDITION

# Wrist Ganglia?

A ganglion is a gel filled sac with a What are narrow base connected to either a joint or a tendon. They are common around the wrist. They often come and go in size with activity.



A dorsal Wrist Ganglion

#### Why do ganglia appear?

No one really knows why these swellings appear in some people and not others. Sometimes there is a history of damaging the wrist but not always.

#### What problems do wrist qanqlia cause?

These swellings can be a nuisance. If they become very large they can interfere with wrist joint motion. They can be associated with aches and pains in the wrist but the aches and pains often do not settle down just by removing the swelling. Occasionally the swelling presses on a local nerve causing pain or altered sensation.

#### Are other investigations required?

In an older person Xrays might be useful to look for arthritis in a joint near to a ganglion as this might need to be dealt with to avoid the ganglion returning.

In a younger person with symptoms in the wrist and not just around the swelling investigations to exclude a ligament injury might be useful (see 'Scapholunate ligament injuries').

If there is any doubt that the swelling is just a ganglion an ultrasound scan or magnetic resonance imaging (MRI) scan might be ordered.

#### What treatment is available for wrist ganglia?

As with ganglions elsewhere these cysts can be reabsorbed by the body and spontaneously resolve over time. About 50% of ganglions do resolve if they are watched for several years.

On the back of the wrist removing the gel-like contents of the ganglion through a needle in clinic (aspiration) can give immediate results and is reassuring. The cyst often fills up again however. Aspirations are less safe to do on the front of the wrist when the ganglion can be very closely related to the radial artery.

Injections into the ganglia (eg steroids) seem to make no difference to symptoms or the rate of recurrence.

Surgery can be undertaken if the ganglion is very large and interfering with function. The whole ganglion and its connection to the underlying joint or tendon must be carefully separated from all the surrounding tissue and taken out. There are some risks associated with surgery, not least the risk of the ganglion returning (about 10% on average over various studies). Most surgeons therefore view surgery as the last resort for ganglia.