BRIEF REPORTS

INTRA-ARTICULAR GANGLION BLOCKING EXTENSION OF THE KNEE: BRIEF REPORT

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Only a few cases of ganglion arising from one of the cruciate ligaments have been described. We report a case in which such an intra-articular ganglion was observed arthroscopically and confirmed to be the cause of a block to extension.

Case report. A 44-year-old female farm worker gradually developed uncomfortable restriction to full extension of the left knee. This persisted after conservative treatment and, after four months, she was admitted.

On examination she had an effusion into the joint, slight quadriceps wasting and 20° loss of extension, with a limp. The McMurray test caused pain on medial rotation with valgus stress, but no click. There was no instability of the knee and radiographs were normal.

Arthroscopy under spinal anaesthesia via a lateral infrapatellar portal revealed a 7 mm diameter translucent swelling arising from the anterior aspect of the proximal third of the anterior cruciate ligament. When the knee was extended, this swelling was compressed and blocked extension (Fig. 1). The cyst was resected arthroscopically, incision releasing yellow jelly-like fluid. Excision was as complete as possible, using a curette. Full extension was restored at once. Full weight bearing and active movement of the knee were encouraged from the first day. Ten days later the patient had no limp and a normal range of movement. Histological examination of the resected fragments confirmed the diagnosis of a simple ganglion. At review two years later she was working normally and had no complaints.

Discussion. Caan (1924) reported finding an asymptomatic ganglion in the anterior cruciate ligament at autopsy, and we have found three reports of clinical cases, all in patients in their twenties. Two were in men and two involved the posterior cruciate ligament (Sjövall 1942; Levine 1948; Bromley and Cohen 1965). From our case and these reports, it seems that symptoms and signs may include pain, swelling, effusion and limitation of movement. The lack of a history of trauma and a negative McMurray test may be suggestive of the diagnosis of an intra-articular swelling.

Fig. 1

Arthroscopy makes diagnosis and resection of the ganglion possible, but careful follow-up is required since recurrence of a ganglion is relatively common. In our case, the patient has remained free from symptoms for over two years, but we have not repeated the arthroscopy.

No benefits in any form have been received or will be received from a commercial party related directly or indirectly to the subject of this article.

REFERENCES