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Do You Have Embarrassing Ganglions?

Ganglions are not new growths, but they are herniations or bulging out of a tendon sheath or joint capsule. They are probably the most frequent of all the lesions that affect the joint and joint structures of the lower extremities. There is a cracking sound with motion, and you will notice that the bump gets bigger the more you move the joint. Ganglions are common on the front of the ankle and on the top of the foot. The extensor tendons which bend the toes up are most often affected. Inside the ganglion is a clear, thick, jelly-like fluid. A ganglion must be distinguished from other soft tissue lesions. This is done by aspiration of the fluid which is then sent for biopsy.

What Causes These Lesions?

The cause of ganglions is unknown, but trauma seems to be the main factor. On the top of the foot, friction caused by tight shoes may cause a hole to form in the tendon sheath, allowing fluid to leak out. Ganglions may also be caused by the degeneration of connective tissue surrounding tendon sheaths or joint capsules. When these lesions lie close to nerve tissue or tendinous structures that must glide freely, they may cause other neurological symptoms particularly when they are pressing on a major nerve. It is common for a ganglion cyst to appear behind the knee (Baker's Cyst) causing pressure on the peroneal nerves (two of the main nerves to the foot) and sometimes resulting in a drop foot deformity.

Treatment

The treatment of ganglions can be frustrating. In biblical times, people would smash the lesions with a bible. This will only work temporarily because there is still a hole in the tendon sheath or the joint capsule where the fluid is leaking out. Treatment can be divided into surgical and non-surgical methods.

Non-surgical methods include aspiration of the lesion. First, I numb the lesion with a local anesthetic agent and aspirate the lesion by draining out the fluid. Aspiration may be difficult since the fluid is very thick and viscous. Next, I inject a steroid and/or a sclerosing agent (an agent which will cause the opening into the tendon sheath to heal shut) into the area. Finally, I use a compressive bandage to collapse the ganglion and to get the walls to heal together to close off the opening. Unfortunately, this is not always successful and may require repeated injections.

Surgery involves excision of the lesion. I place the initial incision to the side of the lesion so that lesion rupture does not occur. I tie off the stalk of the lesion. Then, I drain the fluid from the lesion and excise the walls of the lesion. Even with surgical excision, there is often no cure because many of these lesions will have a tendency to reoccur even after surgical excision.