

# Introduction

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The knee which have the largest synovial membrane of any joint, is the most common site for the formation of synovial cysts or other cystic lesions related to the synovium (1).

Intra-articular ganglion cysts arising from the cruciate ligaments are rarely encountered. Caan (2) first described an intra-articular ganglion cyst of the ACL that is incidently detected in the midportion of the ACL in a cadaver of an elderly man.

Intra-articular ganglion cysts are uncommon and mostly incidental findings in magnetic resonance imaging (MRI) and arthroscopy (3-8).

With the increasingly popular and widespread use of MRI and arthroscopy in daily practice, an increasing number of reports on these particular findings have been published. So they are not as rare as commonly thought (9-12).

Intra-articular ganglion cysts can be detected in various locations of the knee as: cruciate ligaments, menisci, intercondylar notch, infrapatellar fat pad, popliteus tendon and other sites (13-16).

Most of the intra-articular ganglion cysts of the knee are asymptomatic. They are incidental findings of no clinical significance in arthroscopy and MRI and usually associated with other knee pathologies (17-19).

Asymptomatic cysts detected in arthroscopy should be resected because of the risk that they may become symptomatic at any time (20, 21).

Symptomatic ganglion cysts can be presented by many complaints such as : pain, restriction of movements, giving way, swelling, locking, effusion, clicking, stiffness, tenderness, palpable masses, instability and limping.

MRI is the method of choice for their detection. It is the most sensitive and accurate method for depicting those cystic masses including their sizes and locations, for detecting other associated lesions and for avoiding misdiagnosis (12).

Symptomatic ganglion cysts can be treated in a variety of ways including : arthroscopic needle-guided aspiration and debridement, arthroscopic resection and surgical excision (10, 12, 22, 23).

Before surgery it is important to confirm the cystic nature of these lesions, to determine their relationship to the joint, and to evaluate the joint for the presence of associated intra-articular disease (24).

As a conclusion, intra-articular ganglion cysts should be considered in cases of chronic knee discomfort and should be considered in the differential diagnosis of other knee pathologies.