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Recurrence of Ganglion Cysts Following Re-excision

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INTRODUCTION

Previous studies have examined the recurrence of ganglion cysts after surgical excision at a rate of 4 to 40%. However, recurrence after revision surgical excision is unknown. The purpose of this study was to define the incidence of recurrent ganglion cysts in patients who underwent a 2nd excisional procedure.

METHODS

With Institutional Review Board approval, we retrospectively identified by Current Procedural Terminology (CPT) code and reviewed charts of patients who had recurrent ganglion cyst excision. Recurrence was defined as reappearance of a cyst in the same area as prior. Patients were interviewed via phone or an emailed survey. Demographics, recurrence, 3rd revision surgery, and other variables were collected along with outcome variables such as patient satisfaction, pain levels, and functional limitations.

FIGURES

	N	%
Gender		
Male	9	60
Female	6	40
Age		
<18	-	-
18-29	1	6.7
30-44	6	40.0
45-59	2	13.3
>60	6	40.0
Dominant Hand		
Left	-	-
Right	15	100
Wrist of Ganglion Cyst		
Left	8	53.5
Right	7	46.7
Location of Ganglion Cyst		
Volar	6	40
Dorsal	9	60

Table 1. Demographics and Clinical Characteristics of Patients

	After 1 st Excision N=15	After 2 nd Excision N= 2
Procedure Technique, n (%)		
Open	14 (93.3)	1 (50)
Endoscopic	1 (6.7)	-
Time to Recurrence, months		
<12	6	1
12-60	4	1
>60	5	-
Mean	39.4	10.5

Table 2. Time to Recurrence

RESULTS

Time to recurrence of the cyst after the 1st ganglion cyst excision ranged from 1 month to 13 years. After the 2nd excision, only 2 patients (13%, both volar) had a recurrence at 9 and 12 months. One of the two patients underwent a 3rd excision successfully after reporting difficulty with day to day activities. Patients without a 2nd recurrence (n=13) reported an average pain score of 0.2 ranging from 0-2 on a scale of 1-10. Two (15%) reported some difficulty with day to day activities due to the scar and six patients (40%) reported transient numbness or tingling. Patients reported an average satisfaction of 9.5 on a scale of 1-10. Lastly, all patients would undergo another ganglion cyst excision should they have another recurrence.

CONCLUSION

- Patients should be advised about the risk of recurrence after re-excision of ganglion cysts.
- Even though the incidence is similar to the recurrence of primarily excised cysts, all patients would undergo the procedure again if the cyst recurred.