

RUPTURED BAKER'S CYST CAUSING LIMB THREATENING ISCHEMIA: A CASE REPORT

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Introduction: Baker's cyst is the most common mass around the knee joint and is usually asymptomatic. The incidence of a ruptured Baker's cyst causing popliteal artery compression leading to acute limb ischemia is exceedingly rare.

Results: A 70-year-old man presented with left posterior knee pain and a cold pale foot. He has a left posterior knee swelling for 2 years which was slowly increasing in size and associated with occasional knee pain and claudication of his left leg. Examination showed a large firm to hard mass over the popliteal fossa extending posteromedially measuring 20x15cm which was mildly tender. No signs of DVT or compartment syndrome of the leg were elicited. The popliteal pulse, DPA and PTA were non palpable. Left knee radiographs revealed a large soft tissue shadow in the popliteal fossa with Grade II osteoarthritis. Urgent knee Ultrasound and Doppler showed a left knee posteromedial aspect complex fluid collection compressing the popliteal artery. CT Angiogram revealed a large multiseptated heterogenous lesion at popliteal fossa causing occlusion of the distal left femoral artery and proximal popliteal artery with thrombosis of the left popliteal artery, tibioperoneal trunk and proximal peroneal artery. He underwent an intralesional biopsy and decompression. The cyst wall was thick fibrosed synovial tissue and the intralesional biopsy evacuated 10cc hematoma and multi layered fibrillated tissue. Post decompression surgery, distal circulation improved and he was started on Heparin for the arterial thrombus.

Conclusion: Baker's cyst causing acute limb ischemia is rare. Ideally, management of Baker's cyst with vascular compromise should include excision of the cyst and graft replacement of any damaged portion of the popliteal artery. However, in a center with no vascular support, an intralesional biopsy for decompression followed by medical management of the arterial thrombosis remains a viable option