



From Practice - For Practice

Baker's Cysts (Popliteal Cysts)

by Dr. Konrad Werthmann



The name comes from the English surgeon, William Marrant Baker (1839-1896).

Anatomically, this is the formation of a cyst on the inner side of the hollow of the knee by a hygroma which is connected to the joint cavity. Basically, it is a synovial hernia, for there is an evagination of the dorsal joint capsule of the knee joint. In most cases a lesion of the medial meniscus is linked to it.

A Baker's cyst is one of the rheumatic diseases and is the consequence of an existing gonarthrosis rheumatica. This inflammation of the knee joint frequently involves the bursae near to the joint and, by a rupture of the joint capsule, with the effusion escaping from the joint into the hollow of the knee and soft tissue of the calf, it gives rise to the Baker's cyst. Generally, the symptoms are swelling and fluctuation. Because

of the considerable local pain attending an acute occurrence, a differential diagnosis with thrombophlebitis must be considered. A Baker's cyst can also result in sudden loss of flexibility in the knee joint.

Important: children can also have a Baker's cyst. Then, it is a question of Bursitis rheumatica in the shoulder joint (less common) or the knee joint. In children this occurs with systemic chronic polyarthritis (Still's disease).

Diagnosis: Ultra-sound investigation, magnetic resonance tomography; serologically the Latex and Waaler-Rose tests show a positive result, and in 80% the IgM is not elevated.

Treatment

As we are dealing with a rheumatic disease, which can affect every age-group, SANUM treatment should

commence in a case of gonarthrosis before any Baker's cyst appears. So, as to avoid fatigue in the wall of the joint capsule, finishing with a tear, BIOFRID Fish Oil and BIOFRID Evening Primrose Oil capsules are always given, or else LIPISCOR capsules. The patient should also be advised to avoid all foods produced from cow's milk, hen's eggs and pork, since rheumatism is an allergic reaction, originating in the small intestine.

First published in the German language in the SANUM-Post magazine (83/2008)

© Copyright 2008 by Semmelweis-Institut GmbH, 27318 Hoya (Weser), Germany

All Rights Reserved

1. ALKALAT tablets, one twice a day for 2 weeks, then change to ALKALAN powder, 1 measuring spoonful twice a day in warm water; FORMASAN drops, 10 drops 3 times a day (or else inject 1 ampoule FORMASAN i.m. 3 times a week). This treatment is carried out for the entire duration of the course. If needed, topical applications of SANUVIS 1X ointment or MUCOKEHL 3X ointment.
2. NOTAKEHL 5X tablets or FORTAKEHL 5X tablets, 1 twice a day for 2 weeks, or possibly, twice a week, an injection of FORTAKEHL 5X or NOTAKEHL 5X, 1 ampoule; then change to
3. MUCOKEHL 5X drops, 10 drops once in the morning (or 1 tablet), and NIGERSAN 5X drops, 10 drops once in the evening (or 1 tablet), always following the plan 5-2-5-2 (Mon. - Fri. MUCOKEHL/NIGERSAN, and at the weekend FORTAKEHL or NOTAKEHL). Simultaneously with MUCOKEHL and NIGERSAN prescribe
4. UTILIN 6X capsules, 1 tablet at 2-week intervals and later at 1-week intervals, plus UTILIN „S“ 6X drops, 5-10 drops twice daily, initially massaged in, later orally.

The treatment should be carried out for as long as possible. It is also indicated after the operation.