REGRESSION OF AN INTRAOSSEOUS GANGLION OF THE SCAPHOID FOLLOWING FRACTURE

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Fig. 1a. Radiograph of the scaphoid the day after the declared injury ; *1b.* follow-up at 4 months ; *1c.* follow-up at 9 months.

A well-illustrated case of an intraosseous ganglion of the scaphoid, progressively disappearing following a nondisplaced fracture is reported.

Keywords : scaphoid ; intraosseous ganglion ; fracture.
Mots-clés : scaphoide ; kyste intraosseux ; fracture.

A 30-year-old man was seen after a fall on the outstretched right hand, with the typical symptoms of a scaphoid fracture. The radiographs revealed a rounded lucent defect in the scaphoid, with a fracture line across it (fig. 1a). The fracture caused no displacement and the patient was treated in a below-elbow cast for 2 months. Further radiographic follow-up (fig. 1b) demonstrated progressive obliteration of the defect, ending in complete disappearance after 9 months (fig. 1c). At that moment the patient had only mild discomfort and normal function of the wrist and hand.

DISCUSSION

Almost every type of benign lesion has been reported in carpal bones, usually as simple case

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reports. Intraosseous ganglia are by far the most frequent lesions. Eiken and Jonsson (1) published a series of 80 cases and recently Waizenegger (2) a series of 26 cases. The scaphoid and lunate are the most frequent localizations. The pathogenesis remains conjectural, but a primary process within the bone (vascular compromise, metaplasia) on some occasions with perforation to the adjacent joint, is the usual hypothesis.

The associated pain can be caused by increased in intraosseous pressure, but micro-fractures may also account for the symptoms. Major fractures as seen in our patient have not been reported, nor has the progressive disappearance of the defect after healing of the fracture has been observed.

This observation can be explained by the fact that the fracture relieved the intraosseous pressure and the resulting bleeding and/or fracture healing process induced better vascularization of the central part of the scaphoid, resulting in obliteration of the cavity.

REFERENCES

1. Eiken O. Carpal bone cysts : a clinical and radiographic study. Scand. J. Plast. Reconstr. Surg., 1980, 14, 285-90.
2. Waizenegger M. Intraosseous ganglia of carpal bones. J. Hand Surg., 1993, 18-B, 350-355.

SAMENVATTING

L. DE SMET, G. FABRY. Heling van een intraosseuze cyste van het scaphoid na fractuur.

Beschrijving van een spontane heling van een intraosseuze botcyste na fraktuur.

RÉSUMÉ

L. DE SMET, G. FABRY. Régression d'un kyste intraosseux du scaphoïde, après fracture.

Un cas de guérison spontanée d'un kyste intraosseux du scaphoïde après fracture est décrit.