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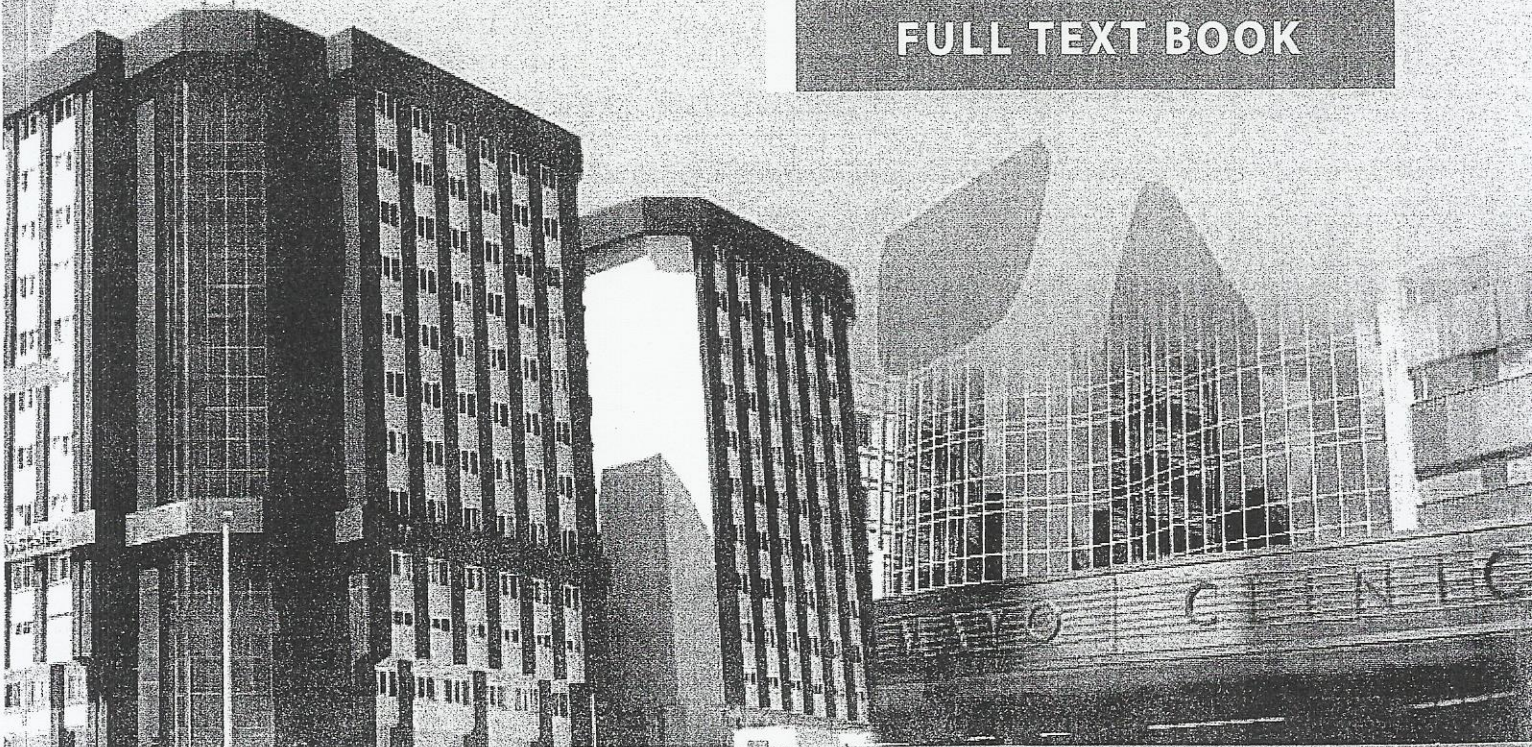
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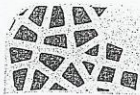
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H - 063

A NEW SCLEROTHERAPY TECHNIQUE FOR THE WRIST GANGLION: TRANSCUTANEOUS ELECTROCAUTERIZATION

Nazım Gümüş

Department of Plastic Reconstructive and Aesthetic Surgery, Cumhuriyet University Medical Faculty, Sivas, Turkey.

Introduction

Ganglion, a cystic benign mass, most common soft tissue tumor of the hand, usually occurs hand, wrist and foot. In this study, we discuss a new sclerotherapy technique with which 17 patients with wrist ganglion were treated by using short bursts of high frequency low voltage electrodesiccation delivered through a fine electrode that was inserted into the sac.

Material-methods

Patients' ages varied from 28 to 52 with an average of 32,7 years. Two patients had volar wrist, and 15 others had dorsal ganglia. In all patients, an ultrasound imaging was made for the discrimination of the other hand tumors. Under aseptic conditions, first ganglion was aspirated by using a large needle which was commonly used for peripheric venous catheterisation, and 0,5 cc of 1% xylocaine was injected into the cystic cavity, then electrocauterization was done.

Results

In the post-operative follow-up ranging from 6 to 29 months, one recurrence developed 3 months after the intervention, requiring the same procedure to overcome it. No complication occurred and all complaints of the patients resolved with this approach.

Discussion

Although ganglion cysts are the most common benign tumours of the wrist, presenting a mass formation close to joints or tendinous sheaths, their pathogenesis remains controversial. However; many of methods have been described for the treatment of ganglions, in which surgical excision seems to be the best effective one offering low recurrence rate, also observation, aspiration, multiple puncture, a resting plaster, cross-fixation of the ganglion with a heavy suture, or closed rupture by external pressure and sclerotherapy are the well known and most frequently used other choices (1-5). Surgical excision is usually considered as an aggressive treatment in patients with substantial pain or persistent numbness interfering with activities of daily life, when the ganglion is resistant to conservative treatment (3, 4). Major disadvantage of all conservative approaches is having a high rate of recurrence corresponding to the surgical excision but, as it has been demonstrated that spontaneous regression is possible up to 35-40% palmar ganglions in 5 years follow up and in some studies significant differences are not observed in the recurrence rates between excision of a palmar wrist ganglion and aspiration or another conservative approaches, they remain attractive for surgeons and patients (2). Therefore, all researches relating to the conservative techniques aim to find an approach to provide a lower or at least similar recurrence rate corresponding to the surgery's rate, and to offer safe, easy, effective and cheap treatment modality without any complication and morbidity such as an incision scar.

Conclusion

This presented technique is simple, safe, effective and cheap for ganglion sclerotherapy, resulting in hopeful outcomes to become it an acceptable alternative to the open surgery.

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