Baker’s Cyst (Popliteal Cyst)

Named after William Morrant Baker (1838 – 1896)

Baker’s cysts are cysts that occur behind the knee and are joined to the knee joint itself. They are very common and are found with increasing frequency after the age of 40 years. They are associated with degeneration / arthritis within the knee joint.

They are a herniation of the thin inner lining (synovium) of the knee joint through the thick outer lining (capsule). They often become bigger when the knee is used, as the fluid within the knee is pushed into the cyst.

Often they are first found by accident when drying after a bath. They are painless when pressed. They become firmer when the leg is straightened and softer when the knee is bent.

Baker’s cysts may give a dragging sensation behind the knee, but do not give sharp pains. Symptoms are usually from the underlying degeneration / arthritis within the knee.

Occasionally Baker’s cysts rupture and cause sudden excruciating pain and swelling of the calf. This requires investigation as the other possible causes include blood clot / DVT and ruptured Achilles Tendon which are serious and need prompt treatment. The pain from a ruptured Baker’s cyst usually gets better in 7 – 10 days.

Diagnosis is usually made by your doctor examining your leg. If he has any doubts about the diagnosis then your doctor may arrange an ultrasound.

Treatment

If sore after walking / exercise then simple R.I.C.E. can be of benefit.

- Rest
- Ice
- Compression
- Elevation

Anti-inflammatory painkillers can help (provided that you do not suffer from stomach problems).

Aspiration (removal of the fluid with a needle) does not help as the Baker’s cyst comes back.

Injections of steroid do not help either.

Surgical removal risks damage to the nerves or vessels going to the foot and the Baker’s cyst often comes back afterwards.

Knee replacement – If the symptoms from the degeneration within the knee are bad enough to need a knee replacement then the Baker’s cyst usually goes away at the same time.