

**ARTHROSYNOVIAL PSEUDOCYST OF THE SHOULDER**

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**INTRODUCTION**

Synovial cysts are a group of disparate lesions that develop histologically at the expense of synovial tissue. The term synovial cyst includes the true synovial cyst which is an expansion of the synovium of large joints and the synovial "pseudocyst", a swelling containing a viscous fluid, developed near the joints and tendon sheaths.

**KEYWORDS:** Cyst, Shoulder, Removal.

**OBSERVATION**

1. 34 year old woman who consults for an augmentation of the volume of the left shoulder for 1 year without functional impact or pain, associated sometimes with paresthesias in the circumflex nerve territory.
2. Clinically we found a:
  - a. Deep anteroexternal mass on the left shoulder, painless
  - b. Unclear limits
  - c. Without local inflammatory signs
  - d. No locoregional lymphadenopathy
  - e. Without neurovascular compressive signs
3. X ray shoulder was normal
4. MRI: swelling of fluid signal, hypointense in T1 and hypersignal in T2 Heterogeneous, para-articular septa, sub-deltoid, with clear limits. (Fig 1,2)
5. Treatment consisted on operating the patient under general anesthesia, delto pectoral approach, dissection under deltoid of cystic mass without joint neck, compressing anterior circumflex nerve. Total resection, closure after hemostasis.
6. Examination anapath of operative part has found a synovial cyst without signs of malignancy.
7. No clinical recurrence found after 1 year of evolution;

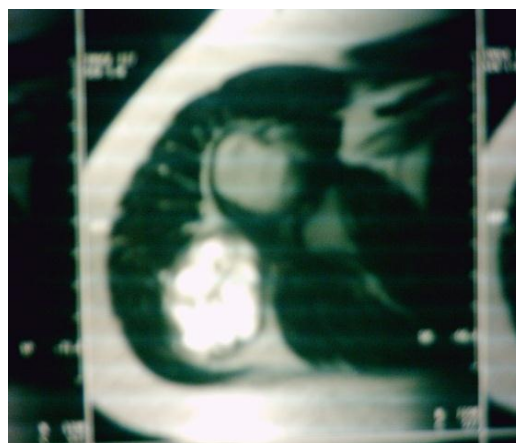


Fig. 1: T2 cross section on MRI of the shoulder showing the hyper signal.

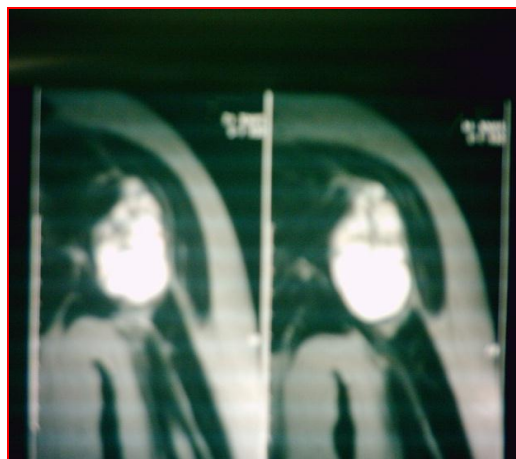
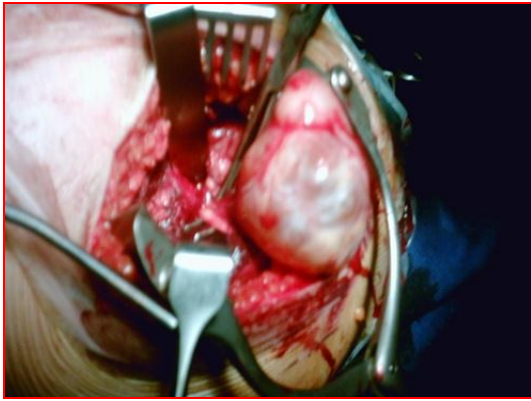


Fig. 2: T2 frontal cut on the MRI of the shoulder showing the hyper signal.



**Fig. 3: Operative view showing the cyst before resection.**



**Fig. 4: resected cyst.**

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## RESULTS

The possible locations of synovial cysts are very numerous and can be seen both peripherally and axially. The pseudocyst is differentiated histologically from the true synovial cyst by the absence of a layer of synovial cells in the wall of the cyst.

A glenohumeral cyst is most often revealed incidentally or in duct syndrome or by a pseudo paralytic shoulder picture. More rarely, it is a simple painful shoulder.

An x-ray is performed as a first-line; it is most often normal. Ultrasound can be useful in questionable forms that are difficult to access. MRI remains the exam of choice.

Punctures are useful and effective in decompressing a cyst. The treatment of choice seems to be arthroscopy which allows a more complete treatment than a puncture-infiltration. Finally, rehabilitation can begin earlier and complications are less.

## CONCLUSION

The possible locations of synovial cysts are very numerous. Glenohumeral involvement is not uncommon with an incidence of 2 to 4% in the general population.

The diagnosis, most often clinical, benefits from advances in modern imaging allowing earlier diagnosis.