A Baker's cyst, also known as a popliteal cyst, is a benign swelling of the semimembranous or more rarely some other synovial bursa found behind the knee joint. It is named after the surgeon who first described it, William Morrant Baker (1838–1896).[1] This is not a "true" cyst, as an open communication with the synovial sac is often maintained.

**Cause**

In adults, Baker's cysts usually arise from almost any form of knee arthritis or cartilage (particularly a meniscus) tear. Baker's cysts can rarely be associated with Lyme disease. Baker's cysts in children do not point to underlying joint disease. Baker's cysts arise between the tendons of the medial head of the gastrocnemius and the semimembranosus muscles. They are posterior to the medial femoral condyle.

The synovial sac of the knee joint can, under certain circumstances, produce a posterior bulge, into the popliteal space, the space behind the knee. When this bulge becomes large enough, it becomes palpable and cystic. Most Baker's cysts maintain this direct communication with the synovial cavity of the knee, but sometimes, the new cyst pinches off. A Baker's cyst can rupture and produce acute pain behind the knee and in the calf and swelling of the calf muscles.

Diagnosis is by examination. A baker's cyst is easier to see from behind with the patient standing with knees fully extended. It is most easily palpated (felt) with the knee partially flexed. Diagnosis is confirmed by ultrasonography, although if needed and there is no suspicion of a popliteal artery aneurysm then aspiration of synovial fluid from the cyst may be undertaken with care. An MRI image can reveal presence of a Baker's cyst.

A burst cyst can cause calf pain, swelling and redness that may mimic thrombophlebitis or a potentially life-threatening deep vein thrombosis (DVT) which may need to be excluded by urgent blood tests and ultrasonography. Although an infrequent occurrence, a Baker's cyst can compress vascular structures and cause leg edema and a true DVT.

**Treatment**

Baker's cysts usually require no treatment unless they are symptomatic. Often rest and leg elevation are all that is needed. If necessary, the cyst can be aspirated to reduce its size, then injected with a corticosteroid to reduce inflammation. Surgical excision is reserved for cysts that cause a great amount of discomfort to the patient. A ruptured cyst is treated with rest, leg elevation, and injection of a corticosteroid into the knee. Recently, prolotherapy has shown encouraging results as an effective way to treat Baker's cysts and other types of musculoskeletal conditions.[2][3]

Baker's cysts in children, unlike in older people, nearly always disappear with time, and rarely require excision.

Cryotherapy

Ice pack therapy may sometimes be effective way of controlling the pain caused by Baker's cyst. Ice must not be applied directly onto the skin but be separated by a thin cloth. Alternatively, cooling packs may be used, but the total application time for any product is for no more than 15 minutes at a time.

Medication

Medications bought at pharmacies may be used to help soothe pain. Painkillers with paracetamol, a.k.a. Tylenol(c) (acetaminophen), or with the additional anti-inflammatory action (such as ibuprofen or naproxen), may be used. Stronger non-steroidal anti-inflammatory drugs may be required by prescription from one's general practitioner.

Heat

Heat is also commonly used. The application of a heating pad on a low setting for 10–20 minutes may relieve some pain, but only if instructions are followed carefully.

Bracing

A knee brace can offer support giving the feel of stability in the joint. If only support is necessary, a simple elastic bandage is recommended; however, braces compress the back of the knee, where it is most tender, and can cause pain.

Rest and specific exercise

Many activities can put strain on the knee, and cause pain in the case of Baker's cyst. Avoiding activities such as squatting, kneeling, heavy lifting, climbing, and even running can help prevent pain. Despite this, some exercises can help relieve pain, and a physiotherapist may instruct on stretching and strengthening the quadriceps and/or the patellar ligament.

References

Hellmann, DB (2005). "Chapter 20: Arthritis & Musculoskeletal Disorders". In Tierney LM, Jr., McPhee SJ, Papadakis MA. Current Medical Diagnosis & Treatment (44th ed.). Philadelphia, PA: F. A. Davis Company. ISBN 0-07-145323-7.

Joint Healing.com-Baker's Cyst

Footnotes

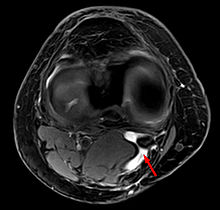
1.^ "William Morrant Baker". Who Named It.

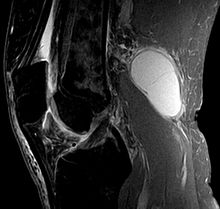
2.^ "Alternative treatments. Dealing with chronic pain". Mayo Clinic health letter (English ed.) 23 (4): 1–3. 2005. PMID 15864836.

3.^ March Darrow (2004). Prolotherapy: Living Pain Free. Protex Press. ISBN 0971450323.

[edit] External links

Baker's cyst at GPnotebook

[](http://en.wikipedia.org/wiki/File:Bakerzyste_MRT_ax.jpg)

[](http://en.wikipedia.org/wiki/File:Bakerzyste2_MRT_sag.jpg)

[](http://en.wikipedia.org/wiki/File:Bakerzyste1_MRT_sag.jpg)

Subject: Bakers Cyst Behind Knee - Testimonial

Hi Debra,

I have an excellent testimonial (post #6166) from a friend who resolved a large baker's cyst in a matter of days - it truly was an incredible healing**. I gave her a sample of frankincense and a**

**sample of cypress**, told her to layer them on and then elevate her leg above her heart and rest it while the oils do their work. I told her to apply the oils throughout the day whenever she thought of it.

It has not come back either!

As an addendum, you might want to try moist heat behind the knee as the leg is elevated to drive the oils in.

Namaste, Annette

Hi everyone - I just received an exciting testimonial and thought

I would share.

I went to lunch with my friend Shelia who is a master teacher of Tai Chi. She has a baker's cyst behind her knee that the doctors told her would have to be operated on (I asked for suggestions on this last week).

While at lunch (Friday) I gave her a copy of the protocol sheet I made up and a **sample of Frankincense and a sample of Cypress** and told her to apply it throughout the day.

Look at what I just got from her! This is from Friday lunch - 3 days.

Love these oils!

Annette

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

shelia wrote:

Date: Mon, 21 Nov 2005 14:41:35 -0800 (PST)

From: shelia rae <taichimail@...>

Subject: Knee news

Hi Annette,

Just wanted you to know that my knee is ALL BETTER !!!

And I want to Thank you again for the essential oils that

made a real difference.

I will see Lia tonight, and we want to make another date

with you for lunch after this week. When is a good day for you ?

Have a HAPPY THANKSGIVING !

Shelia

**Re: GreaterJoy Baker's Cyst**

Hello Jan  
Here are a few posts that I've saved.  
Edith Chupp  
  
  
  
Rachel (Bakers cyst)  
  
Here is a recipe that may work for Gram. In an empty 5 ml bottle cleaned  
out with V6, add 12 drops Frankincense, 6 drops Lavender, 6 drops  
Helichrysum, 8 drops Cypress, 8 drops Goldenrod, 8 drops Ginger and fill  
balance with V6 Mixing Oil. First apply Valor to the liver area, massage  
that in, starting at the low side of the liver moving across to the center  
of the body, then apply JuvaFlex and massage the same way, then apply the  
above recipe and massage gently into the Baker's cyst area. Apply 3 times  
day. Namaste', Frank Seeley