

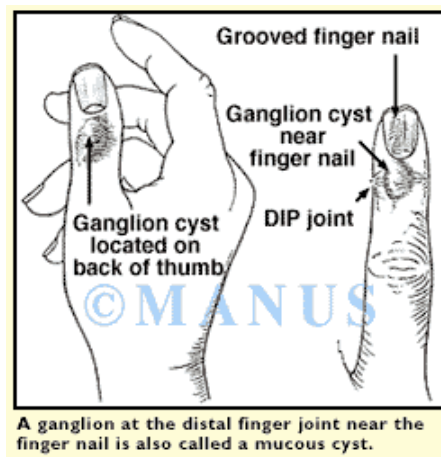
Ganglion Cyst

RSI Conditions

The term Repetitive Strain Injury is an umbrella term used to describe a number of specific musculoskeletal conditions, including Ganglion Cysts, as well as 'diffuse RSI', which is more difficult to define but which recent research attributes to nerve damage. These conditions are often occupational in origin. Lack of adequate diagnosis or access to appropriate treatment can exacerbate the condition and sometimes leads to job loss and economic hardship.

What is a Ganglion Cyst?

A ganglion cyst is a bump or mass that forms under the skin. Most commonly, ganglions are seen on the wrist (usually the back side) and fingers, but they can also develop on the shoulder, elbow and knee. These form when tissues surrounding certain joints become inflamed and swell up with lubricating fluid. They can increase in size when the tissue is irritated or just appear to grow. However they are not tumours or cancerous and often just disappear by themselves too.



The Symptoms

A swelling on the back of the wrist or fingers is the most obvious sign. They can be painless but are often associated with tenderness, which may restrict the range of movements.

The Causes

The cause of ganglions is not always clear and the cysts can be seen in adults of almost any age. There are many cases where non-occupational factors or conditions such as rheumatoid

arthritis have been associated with these kind of swellings. However, overloading of certain joints through repetitive physical activity, especially using the wrist and fingers, poses a risk of developing ganglion cysts. Trauma or degeneration of the tissue layer responsible for producing synovial fluid, which normally lubricates the joint or tendon sheath, results in this fluid seeping out and accumulating in a sac or cyst.

The Doctor's Examination

In the UK, GPs receive little training in the diagnosis and treatment of musculoskeletal disorders and your doctor may refer you to a specialist who has taken an interest in RSI-type conditions, usually a rheumatologist or neurologist. Ganglion cysts can frequently be diagnosed simply by their location and shape. They do not grow on the skin, rather they stay firmly attached to the underlying joint or tendon sheath. X-rays are sometimes used, but a 100% accurate diagnosis cannot be provided without aspiration (the removal of the fluid, using a needle and syringe, which can then be examined).

Treatment

Ganglions are harmless and in the absence of pain or complications, due to pressure on an underlying nerve, are usually left alone. They sometimes just disappear anyway. Initial treatment may simply involve limiting the activities which place a strain on the affected area, resting the joint or supporting it in a splint.

Aspiration will minimise any symptoms, but if the ganglion is persistent surgical removal may be recommended.

Though each case has to be considered individually and non-occupational factors should also be investigated, generally some changes will be needed at work. Areas to consider include pacing, rest breaks, reducing repetition and force, posture, and the use of ergonomically designed tools and equipment to reduce the risk of further injury.