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Case Report *Open Access*

STERNOCLAVICULAR JOINT CYST IN A 21 MONTHS YEARS-OLD CHILD

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ABSTRACT

Sternoclavicular synovial joint cysts are extremely rare in children. We report the extremely rare case of a synovial ganglion of the sternoclavicular joint in a child, which was diagnosed by ultrasonography.

Keywords: *Sternoclavicular Joint, Cyst, Synovial Cyst, Ganglion, Child.*

INTRODUCTION

Sternoclavicular joint cysts are extremely rare in childhood. Only a few cases have been reported thus far in the medical literature (Haber et al., 2002). We describe a case of a synovial cyst of the right sternoclavicular (SC) joint in a 21 month-old child.

CASE REPORT

A 21 month-old child referred to our hospital with a 6 month history of a firm, painless swelling at the ventral aspect of the right sternoclavicular joint which enlarged slowly over time. At clinical examination, the size of the lesion was estimated to be

approximately in 2 cm in diameter. A conventional radiograph showed no obvious osseous or soft tissue abnormality. Ultrasound examination revealed a synovial cyst with a small stalk communicating with the right sternoclavicular joint. Due to the asymptomatic nature of the lesion, no surgical intervention was undertaken.

DISCUSSION

Several atraumatic conditions that may affect the sternoclavicular (SC) joint are often overlooked or misdiagnosed. They include sternoclavicular hyperostosis, osteitis condensans, Friedrich`s disease, Tietze`s syndrome, spontaneous subluxation or dislocation of the SC joint, and ganglion cysts. All of these conditions are rare in childhood. Ganglia are cystic structures without a synovial lining and are filled with mucinous fluid. They most commonly present as masses around the wrist and hand and may produce compressive or irritative symptoms. They may be found near most major joints. Their etiology is unclear. On ultrasound they typically appear as anechoic masses, and may have a visible communication with a joint or tendon sheath. In adults, synovial cysts originating from the sternoclavicular joints were described with rheumatoid arthritis, spondyarthropathies, and psoriatic arthritis (Andonopoulos et al, 2003; Louvel et al, 1997; Taccari et al, 1992). Ganglion cysts originating from the sternoclavicular joint in children have only been reported once. Haber et al. (2002) described the first 5 cases of sternoclavicular joint cysts in children. In this study, only 1 patient was symptomatic. Excisional biopsy was performed in 3 patients and the diagnosis of a ganglion cyst was confirmed histopathologically. No patient suffered a recurrence. Haber et al. (2002) recommended observation of asymptomatic cystic lesions that arise in the sternoclavicular joint. Negrete-Castañeda et al. (2012) observed a sternoclavicular joint cyst in a 6-year girl and treated it with joint puncture and steroid injections.

CONCLUSION

No extensive study concerning the treatment of ganglion cysts of the SC-joint has been reported in the medical literature so far. Asymptomatic patients should be observed and symptomatic patients may be best treated with steroid injection or cyst excision

REFERENCES

Andonopoulos, A.P., Meimaris, N., Yiannopoulos, G., Pastromas, V., & Dimopoulos, P. (2003). Large synovial cysts originating from the sternoclavicular joints in a patient with rheumatoid arthritis. *Annals of the rheumatic diseases*, *62*(11), 1119-1120.

Haber, L.H., Waanders, N.A., Thompson, G.H., Petersilge, C., & Ballock, R.T. (2002). Sternoclavicular joint ganglion cysts in young children. *Journal of Pediatric Orthopaedics*, *22*(4), 544-547.

Louvel, J.P., Duvey, A., Da Silva, F., Primard, E., Mejjad, O., Henry, J., & Le Loet, X. (1997). Computed tomography of sternoclavicular joint lesions in spondylarthropathies. *Skeletal radiology*, *26*(7), 419-423.

Negrete-Castañeda, S., Bañuelos-Talavera, L. A., & Grangeno-Aguirre, J. (2012). Sternoclavicular joint ganglion. *Acta ortopedica mexicana*, *26*(6), 379-381.

Taccari, E., Spadaro, A., Riccieri, V., Guerrisi, R., Guerrisi, V., & Zoppini, A. (1992). Sternoclavicular joint disease in psoriatic arthritis. *Annals of the rheumatic diseases*, *51*(3), 372-374.