

Ganglion Cyst Contiguity of the Flexor Hallusis Longus Tendon in a National Swimmer: An Unusual Case Report

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Objectives: Tendinopathy of the flexor hallucis longus tendon is common in the athletes. This case is intended to be reported diagnose and treatment ganglion cyst contiguity of the flexor hallucis longus tendon that located atypical region and adversely affect the athlete's training program.

Methods: 25-year-old male national swimmer was assessed with a left ankle pain. He had an intensive training program in the pool using pallets at the everyday. Pain in the left ankle was localized posterior and distal of the medial malleolus. Ankle range of motion and muscle strength was full. Neurovascular examination was normal. Radiography with anterior posterior, lateral and oblique analysis was not any unusual finding. In the evaluation with magnetic resonance imaging, thickening of the tendon sheath and effusion around the flexor hallucis longus was revealed and tendon integrity was exact.

Results: Conservative treatment was planned. It was applied non-steroidal anti-inflammatory medicine, modification of the training (without or low weight pallet), platelet rich plasma (two weeks, two times per weeks). During the six-month follow-up the patient's symptoms improved, but with the increased intensity of training at follow-up complaints started again. Professional athletes who did not respond adequately to conservative treatment surgical exposure were planned. Patient is approached the flexor hallucis longus musculotendinous junction from the posteromedial ankle at the level of the posterior talar tubercles. During the tendon exposure cyst was found at the level of talocalcaneal joint. Excision of the cyst was achieved; its size was 5x5 mm, looking transparent, well defined and soft consistency. Tenolysis is accomplished from superior to inferior to the level of the superior calcaneus. A histopathologic examination result of the cyst consistent with ganglion cyst was detected. Sport-specific training program started at the 6 weeks. There was no recurrence during the 6 months follow-up.

Conclusion: Tendon associated ganglion cyst is not usual although flexor hallucis longus tendinopathy is common in athletes. External pressure causes in addition to the overuse injuries should be remembered in the differential diagnosis of posterior ankle and medial arch pain. Clinical suspicion and magnetic resonance imaging are valuable in establishing the diagnosis. Tenolysis and excision of the associated mass has proven to be a relatively safe and successful procedure especially in highly demanded elite athletes.

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