#### **Synonyms**

Synonyms include mucinous cyst and synovial cyst.

### **Clinical Description**

A digital myxoid cyst is a translucent, blue, cystic papule on the digits, especially around the dorsal distal interphalangeal joint or phalanx. A ganglion is a subcutaneous cystic nodule that moves with the attached tendon [1, 2].

# **Etiology and Pathophysiology**

Two subtypes of digital myxoid cysts are seen:

- 1. Traumatic herniation of synovial sac, with extrusion of mucin into dermis
- Overproduction of mucin (hyaluronic acid) by fibroblasts, with underproduction of collagen (focal mucinosis)
  A ganglion involves herniation of the synovial lining of a

#### Histopathology

tendon or joint [3].

Mucinous deposits occur in multiple clefts or coalesce into a large cystic mass. No cyst lining is seen in the dermis but a stalk may connect to the joint space.

## **Differential Diagnosis**

Mucinous cyst and ganglion have a distinctive clinical appearance. Eccrine and apocrine hidrocystomas are much smaller and are located periorbitally. Giant cell tumor of the tendon sheath and exostosis are solid, not cystic.

## **Therapy**

- 1. Drainage of mucin followed by injection with triamcinolone acetonide, 4–10 mg/ml. and compression
- 2. Hand surgery with exploration of joint or tendon and excision of cystic pedicle in refractory cases [4, 5]

### **Prognosis**

A digital myxoid cyst or ganglion is stable, with little tendency for spontaneous resolution and no tendency for malignant degeneration.



Figs. 33.1 and 33.2 Digital mucinous cyst. This is a firm, translucent, blue cystic papule overlying the distal interphalangeal joint



**Fig. 33.3** Giant cell tumor of the tendon sheath. This is a firm nodule that usually occurs at the distal phalanx. It can be confused with a digital mucinous cyst



**Fig. 33.5** Ganglion of the volar wrist. These lesions have been treated by smashing with the Bible, although surgical techniques have lower recurrence rates



**Fig. 33.4** Exostosis. This is a bony overgrowth produced by trauma, with reactive hyperplasia of the periosteum and underlying bone



**Fig. 33.6** Mucocele of inner lip. This results from a blocked salivary gland, with retention of mucus

# References

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