



Title	Clinical Treatments for Wrist Ganglia
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Aim

To assess the safety and effectiveness of clinical treatments for wrist ganglia compared with simple reassurance.

Conclusions and results

Eligible studies compared clinical treatment options for wrist ganglia to simple reassurance. Treatment options included surgical (excision) and nonsurgical (aspiration, etc) methods. Simple reassurance included educating patients about wrist ganglia and informing them that the masses are not cancerous. Studies were restricted to those in adult (≥ 18 years) patients having no previous treatment for wrist ganglia.

The search strategy identified 276 potentially relevant articles, of which 33 were retrieved. This rapid review appraised 7 studies – 2 randomized controlled trials (RCTs), 3 pseudo RCTs, and 2 nonrandomized comparative studies. None of the RCTs or pseudo RCTs included reassurance as a comparator. Only the nonrandomized comparative studies met the initial objective of comparing clinical wrist ganglia treatments to simple reassurance.

The findings and conclusions include:

- Although some evidence suggests that surgical excision may be no better than aspiration or reassurance in preventing recurrence, several trials indicated surgical excision to be significantly more effective than aspiration in preventing ganglia recurrence, at least in the short term (<6 months).
- Patients treated with surgical excision were significantly more satisfied compared to those who received aspiration or reassurance.
- Surgical excision is associated with higher complication rates, and the complications may be more severe compared to aspiration and reassurance.

Recommendations

Based on the available evidence, wrist ganglia should be treated only if symptomatic. Surgical excision should be

a last resort in view of the relatively high complication rates and the possibility that it does not confer enough benefit to warrant the higher risk. Due to the apparent patient value placed on intervention, aspiration may be considered as the preferred clinical treatment due to its lower complication rates and lower cost relative to excision.

Methods

The search identified original articles published from January 1980 onward. Databases searched included: BMJ Clinical Evidence, the York Centre for Reviews and Dissemination, Cochrane Database of Systematic Reviews, PubMed, and EMBASE. An ASERNIP-S researcher extracted the data using standardized extraction tables developed *a priori*, and a second researcher checked the work.