

INTRA-ARTICULAR METHOTREXATE IN THE TREATMENT OF A BAKER'S CYST



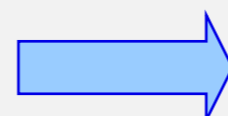
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OBJECTIVE

To describe the tolerability and the effectiveness of intra-articular methotrexate (IAM) in the treatment of a baker's cyst (BC) in a patient with rheumatoid arthritis (RA).



METHODS

By interventional radiology way, precharging syringes of 25 mg methotrexate and 80 mg methylprednisolone were administrated by intra-articular route through a catheter, in a 54-year-old man with a relapsing cyst.

RESULTS

| | T0 (before IAM) | T2 (Two months later) | T6 (Six months later) |
|-------------------------------------|-----------------|-----------------------|-----------------------|
| C-reactive protein (mg/mL) | 94 | 1 | <1 |
| Erythrocyte sedimentation (mm/hour) | 108 | 12 | 2 |

-improvement of inflammatory markers
-lack of swelling

DISCUSSIONS

The BC is a synovial fluid accumulation in the gastrocnemius semimembranous bursa. Its breakdown produces swelling and pain of the affected limb leading to loss of function. Normally, it does not require treatment unless it is symptomatic. In this case, the cyst can be aspirated to reduce its size, with subsequent intra-articular administration of 40 mg triamcinolone acetonide to reduce inflammation. Synovectomy and intra-articular methotrexate (IAM) are reserved for refractory cases. However, in the bibliography review we have only found two citations about IAM*.



CONCLUSIONS

Administration of IAM in the treatment of BC could be considered a well-tolerated treatment option in recurrent and refractory cases to conventional treatment. Our patient presented analytical and subjective clinical improvement. However, more experience and follow up are needed to draw conclusions for applying to clinical practice.

- * Hofman Gonzalez F, Hernández Díaz C, Solano Ávila C, López Reyes A, Peña Ayala A, Pineda Villaseñor C. Quiste de Baker gigante tratado con metotrexato intralesional. Cirugía y Cirujanos 2013; 81: 64-68
- * Hasso N, Maddison PJ, Breslin A. Intra-articular methotrexate in knee synovitis. Rheumatology 2004; 43: 779-782