# Synovial Cyst of Chest Wall

## Göğüs Duvarının Sinoviyal Kisti

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**ABSTRACT**

A 26-year-old female presented with back pain and palpable swelling near the left scapula. MRI findings suggested a benign cystic chest wall lesion. The cyst was not associated with any joint or neural structures. Total surgical excision was performed. Since the inner surface of the cystic lesion was found to be covered by synovial membrane in the histopathological evaluation, a diagnosis of "synovial cyst" was made. All symptoms of the patient were improved just after the surgical excision. No sign of recurrence was observed during the 2-year follow-up. In this report, surgical treatment of a "synovial cyst" case, which is rarely seen in the chest wall location, is presented.

**Key Words:** chest wall, synovial cyst, thoracic surgery

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**ÖZET**

26 yaşında bir kadın sırt ağrısı ve sol kürek kemiği yakınında ele gelen şişlik ile başvurdu. MRG bulguları iyi huylu kistik göğüs duvarı lezyonunu düşündürdü. Kist herhangi bir eklem veya sinir yapısı ile ilişkili değildi. Total cerrahi eksizyon yapıldı. Histopatolojik değerlendirmede kistik lezyonun iç yüzeyinin sinoviyal membran ile kaplı olduğu tespit edildiğinden "sinovyal kist" tanısı konuldu. Cerrahi eksizyonun hemen ardından hastanın tüm semptomları düzeldi. 2 yıllık takip sırasında nüks belirtisi görülmedi. Bu raporda göğüs duvarı yerleşiminde nadir görülen bir "sinovyal kist" olgusunun cerrahi tedavisi sunulmaktadır.

**AnahtarSözcükler:** göğüs cerrahisi, göğüs duvarı, sinoviyal kist

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## INTRODUCTION

Synovial cyst is a lesion commonly seen at periarticular region of wrist, knee and foot ankle which can arise as a result of trauma, degenerative or inflammatory process (1). Although it is generally asymptomatic, pressure to adjacent neurovascular structures can cause symptoms (2).

## CASE REPORT

A 26 year old woman with long lasting left side back-pain was referred. Physical examination revealed a smooth, though swelling near left scapula. MRI revealed a capsulated, 8x6x2.3 cm in size cystic lesion lying between left scapular tip and chest wall (Figure 1a,b,c). There was a concomitant 3 cm in size exophitic bone lesion originating from distal scapula. Laboratory tests were within normal ranges. Findings suggested a benign chest wall neoplasm. Under general anesthesia, a 4 cm subscapular incision was made. The capsulated mass lesion with clear margins and adjacent exophytic bone lesion were totally excised. Final pathology was "synovial cyst" (Figure 1d) and "focally degenerative bone tissue".

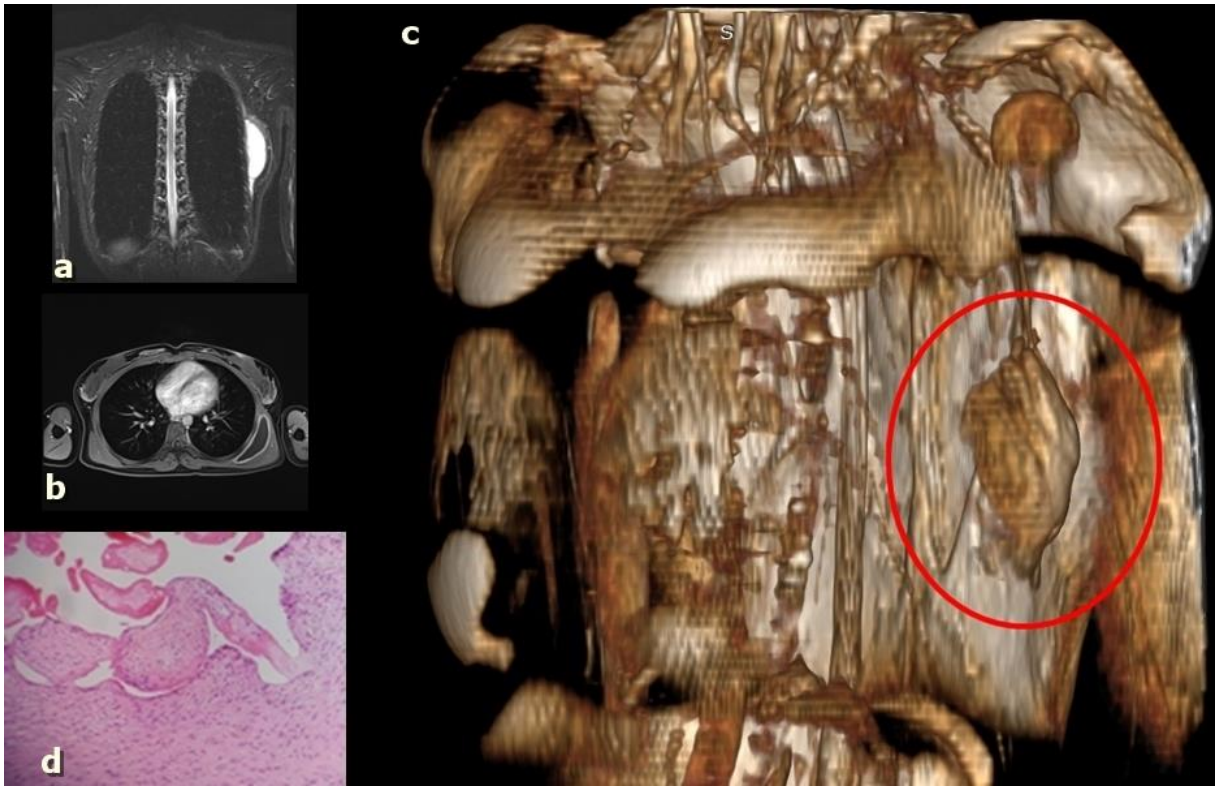


**Figure 1: a-b.** Thorax MRI images **c.**3D reconstruction image **d.**The cyst wall is composed of thick fibrous tissue with an epithelial lining (HEX200)

## DISCUSSION

Primary chest wall tumors consist of bone, cartilage or soft tissue and usually they cause pain and chest wall mass. They are classified according to origined tissue or whether benign or malignant (3). In a patient presenting with these symptoms; differantial diagnosis include mesencyhmal hamartoma, fibrous mesothelioma, hydatid cyst, eosinophilic granuloma, hemangiopericytoma, metastatic neuroblastoma and cyst grew over an old rib fracture (4).

Synovial cyst on chest wall is extremely rare (5). The definite histopathologic diagnosis of synovial cysts is achieved by demonstrating the synovial membrane covering the cyst wall (2). The definite treatment is not established but total surgical excision of the lesion is suggested (6).

In our case, imaging findings showed a capsulated cystic lesion without any evidence of invasion which suggested a benign lesion. Therefore, total surgical excision was performed.

**Conflict of interest**

No conflict of interest was declared by the authors.

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