

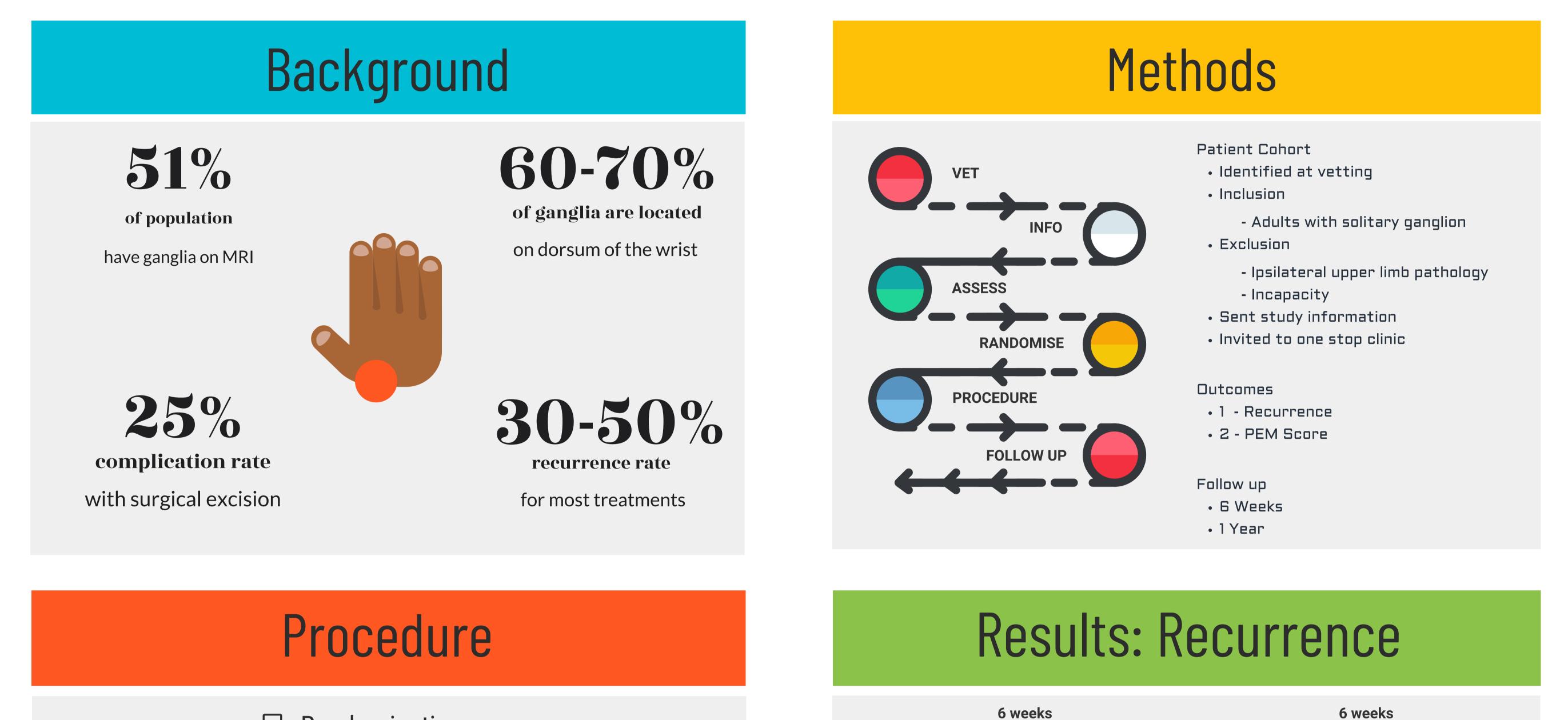


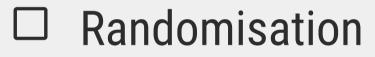




Dorsal Wrist Ganglion: Aspiration vs PRP

Dorsal Wrist Ganglion: Pilot for Randomised Control Trial comparing aspiration alone or combined with injection of Platelet Rich Plasma. K Hamlin, Y Khan, A Haddon, C Miller, D Lawrie. Woodend Hospital - Aberdeen





- After informed consent
- Sealed envelopes





- 19 g needle
- Single pass
- Compression for 24 hours

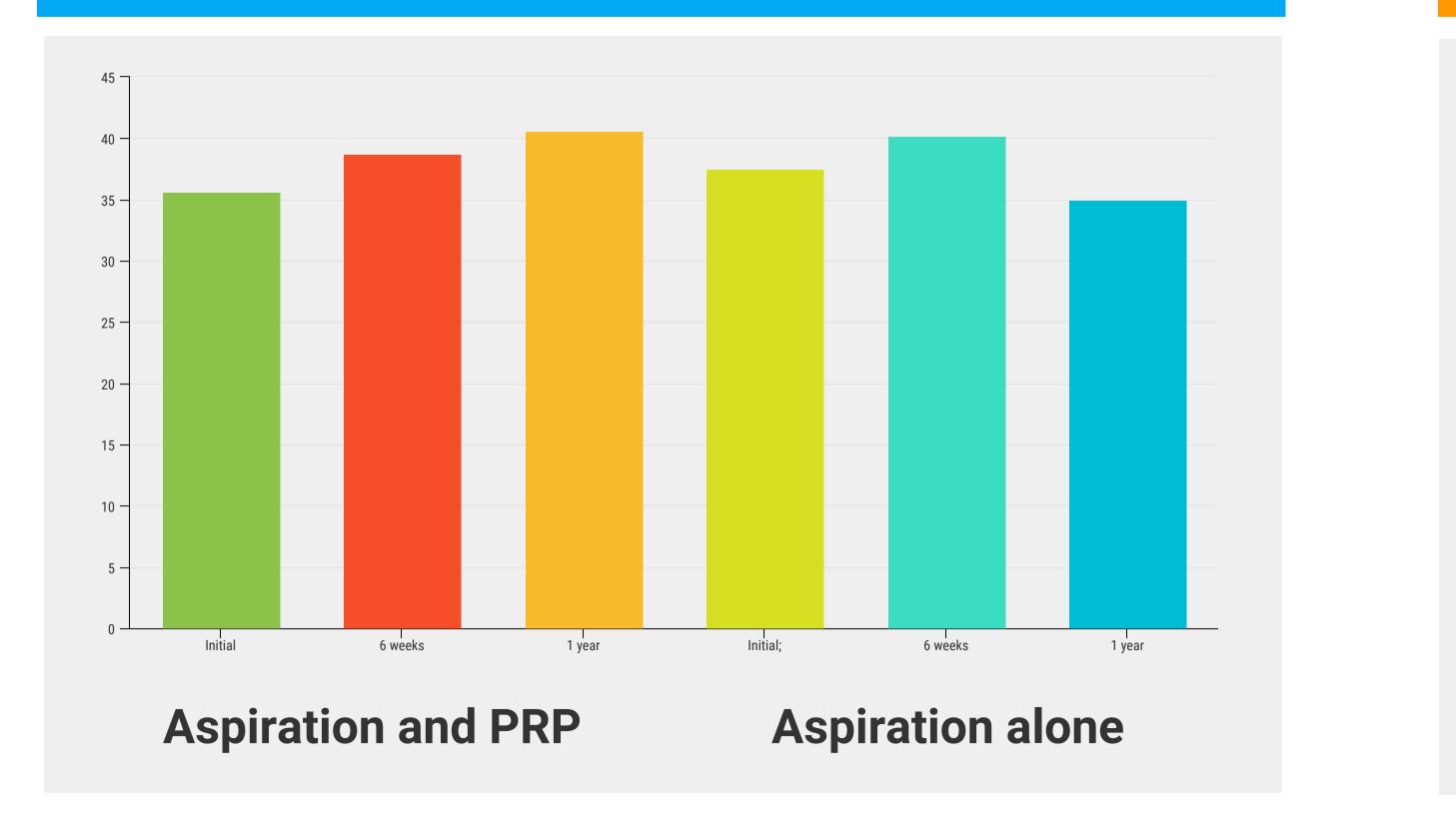
□ Aspiration with PRP n = 9 (1 no follow up)

- 19 g needle
- Single pass
- 15ml blood collected
- Centrifuged to produce PRP sample
- Inject same volume as aspirated
- Compression for 24 hours



Yes

Results : PEM Score



Conclusion

• The addition of PRP to aspiration did not improve recurrence rates.



detect a difference of 35% and 91 for 25%.

- 33% recruitment from written invitation to one stop clinic and a 10% drop out rate.
- PRP is more expensive and requires secondary care input.

References

- 1. Angelides AC, Wallace PF. The dorsal ganglion of the wrist its pathogenesis, gross and microscopic anatomy, and surgical treatment. J Hand Surg. 1976;1(3): 228-235.
- 2. Gude W, Morelli V. Ganglion cysts of the wrist: pathophysiology, clinical picture, and management. Curr Rev Musculoskelet. 2008. Med 1. 205–211.
- 3. Lowden CM, Attiah M, Garvin G, Macdermid JC, Osman S, Faber KJ. The prevalence of wrist ganglia in an asymptomatic population: magnetic resonance evaluation. J Hand Surg Br. 2005 vol.30(3)pp. 302-6.