

Arthroscopic management of popliteal cyst: Comments and concerns

Sir,

We read with interest the article by Pankaj *et al.*¹ on the arthroscopic management of popliteal cysts. However, we feel that a few points needed clarifications:

- Followup magnetic resonance imaging (MRI) was not done, either immediately postoperatively or at the last followup to evaluate whether the cyst size had disappeared and/or recurred, after arthroscopic surgery
- Since all these cases were associated with another pathology in the knee, it cannot be established whether there was an association between the “disappearance” of the cyst and the followup clinical scores or if it was the treatment of the intraarticular pathologies which was responsible for the pain relief
- The exclusion criteria have not been described in the present study. We do not recommend that all the popliteal cysts (seen on the MRI) need to be decompressed, especially if there is another coexisting knee pathology found in the knee
- There was no comparison between the controlled group which had conservative treatment for 3 months; only arthroscopic cyst debridement cases were investigated. Hence, the exact reason of the improvement cannot be ascertained
- This study was done using a 30° arthroscope; however, we prefer to use a 70° arthroscope which gives a much better and wider view inside the cyst and hence would like to recommend it for the popliteal cyst removal²
- We have observed that the accessory posteromedial cystic portals are often mandatory and preferred in complete cyst excision.³ However, the fact that none of these cases required these portals surprised us.

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Conflicts of interest

There are no conflicts of interest.

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