Charcot Cysts: A Rarely Reported Finding
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Abstract

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<th>Purpose</th>
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<td>Charcot arthropathy is a debilitating condition affecting the lower extremity of persons with long established peripheral neuropathy. Deformities can place the foot at risk of ulceration and subsequent amputation if infection ensues. There has been little mention of a peculiar cystic proliferation noted in the deep soft tissues upon surgical dissection in these cases- with only one reported case thus far. We herein report our observations on two patients who were found to have what we have termed “Charcot Cysts.”</td>
<td>Two type 2 diabetics are presented with midfoot Charcot arthropathy deformity. Patients were placed in offloading boots and restricted from weight bearing. Both developed a plantar soft tissue mass; one persisted with midfoot ulceration. Despite further off loading, the ulcer and mass remained recalcitrant to conservative care. Each was taken to surgery for mass excision and/or a plantar exostectomy to reduce the underlying bony prominence. Upon deep exploration, a translucent, fluctuant, multi-loculated cystic mass was encountered that extended throughout a considerable portion of the dissection. The masses were found to be spongy and contained synovial fluid. Pathology confirmed them as benign simple cysts.</td>
<td>This rarely reported complication of the diabetic Charcot foot has been noted by the senior author (RGF) in many such operative patients over the last several decades. Since most patients with Charcot foot are treated conservatively, these cysts are not usually recognized clinically. Once the foot becomes ulcerated, the Charcot cysts can impede normal wound healing because of persistent synovial fluid leakage.</td>
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Case 1

Patient Info and Medical History: 61yoM w DM2, peripheral neuropathy, chronic inflammatory demyelinating polyneuropathy, HTN

Initial Presentation: Acute Charcot
7 wks Later: Patient reported plantar foot “movable lump,” confirmed as cyst on ultrasound. Solid, spongy, mobile, compressible mass found on exam.
10 mo Later: Chronic stage Charcot confirmed on xray
11.5 mo Later: Excisional surgery of mass. Pathology confirmed benign simple cyst

Case 2

Patient Info and Medical History: 55yoM w DM2, peripheral neuropathy, HTN

Initial Presentation: Chronic Charcot w chronic, non healing plantar wound
14 wks Later: Excisional surgery of wound and mass with plantar planing. Pathology confirmed benign simple cyst.

References: