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Clinical Image or Video

Intraoperative Findings of a Baker's Cyst

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Clinical image depicting an intraoperative finding of a Baker's cyst presenting as a posterior knee mass in a middle-aged woman. This image highlights the characteristic appearance of a popliteal cyst encountered during surgical excision and underscores key clinical features that support bedside diagnosis and appropriate risk stratification in patients without red flag signs.

PATIENT PRESENTATION

A 54-year-old woman presented with gradually progressive pain and a sensation of fullness in the left knee accompanied by visible posterior knee swelling, exacerbated by walking and knee flexion. She denied a history of trauma or inflammatory joint disease but reported having undergone surgical excision for a similar condition affecting the contralateral knee several years earlier. Physical examination revealed a soft, fluctuant, mobile mass measuring approximately 4 × 4 cm in the left popliteal fossa, with variation in size during knee movement; the lesion was non-tender, without calf edema, and distal neurovascular status was intact. In the absence of red flag features, preoperative imaging was deferred. Surgical excision was performed, and the intraoperative image demonstrated a well-circumscribed cystic lesion arising from the popliteal fossa (figure 1). The patient recovered without immediate postoperative complications.

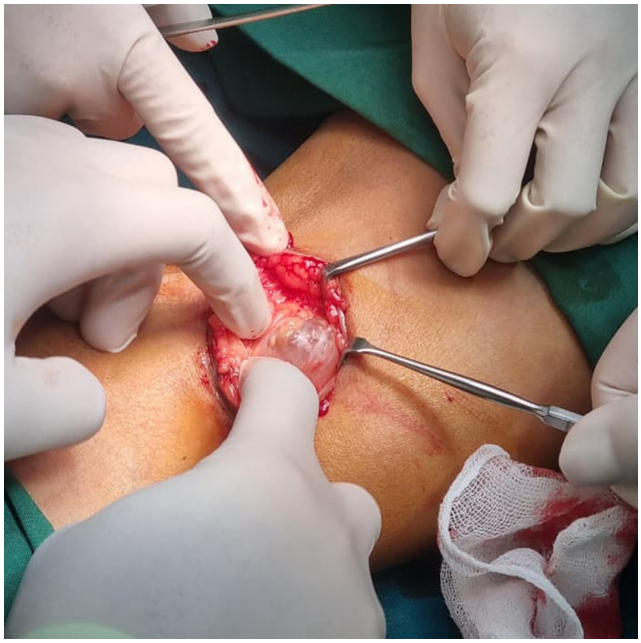

Figure 1. Intraoperative view demonstrating a well circumscribed cystic lesion arising from the popliteal fossa consistent with a Baker's cyst.

DIAGNOSIS

Left Baker's cyst (popliteal cyst).

DISCUSSION

Baker's cyst is a benign synovial fluid-filled distension of the gastrocnemio-semimembranosus bursa that presents as a posterior knee mass.[1] Clinical features commonly include pain, tightness, or a sensation of fullness, with a palpable mass in the popliteal fossa that may fluctuate with knee flexion and extension.

Diagnosis is often clinical in patients with characteristic findings.[1] Important differential diagnoses include deep vein thrombosis, popliteal artery aneurysm, soft-tissue tumors, and abscesses.[1,2] Complicated or ruptured Baker's cysts have been reported to mimic deep vein thrombosis, posing a diagnostic challenge in patients with posterior knee or calf swelling.[3] Imaging with ultrasonography or magnetic resonance imaging is recommended when diagnostic uncertainty or red flag features are present, including a pulsatile mass, rapidly enlarging swelling, calf edema, or neurovascular compromise.[2] In patients with a typical presentation and intact distal neurovascular examination, imaging may be deferred.

Baker's cysts are most frequently observed in middle-aged and older adults and are often associated with underlying knee pathology, although they may occur without clinically evident joint disease.[1] Management ranges from observation to surgical excision in symptomatic or persistent cases.[2] This image highlights the characteristic intraoperative appearance of a Baker's cyst and reinforces the importance of clinical recognition and risk stratification in patients presenting with posterior knee swelling.

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REFERENCES

1. Nanduri A, Stead TS, Kupsaw GE, et al. Baker's cyst. *Cureus*. 2021;13(12):e20403. doi:10.7759/cureus.20403

2. Frush TJ, Noyes FR. Baker's cyst: diagnostic and surgical considerations. *Sports Health*. 2015;7(4):359-365. doi:10.1177/1941738113520130. PMID:26137182

3. Verbner I et al. Infected Baker's cyst: a new classification, diagnosis and treatment recommendations. *Journal of Orthopaedic Case Reports*. 2018;8(2):16-23.