A Baker Cyst Accompanied by Venous Thromboembolism

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A 36-year-old woman who had received low-dose estrogen and progesterone therapy to alleviate menstrual cramps was referred to the emergency department of our hospital due to left calf pain with mild edema. The patient’s laboratory data revealed elevated levels of D-dimer (6.94 μg/mL) and fibrinogen degradation product (FDP) (15.0 μg/mL).

Computed tomography demonstrated the presence of a pulmonary thrombotic embolism (PTE) (Picture A) and deep vein thrombosis (DVT) in the left posterior tibial vein (Picture B). The left popliteal vein was also found to be externally compressed by a Baker cyst (BC) (Picture C). These findings were also confirmed by an ultrasound examination (Picture D, E). Symptomatic BC is sometimes associated with pseudothrombophlebitis (1) which is characterized by the absence of thrombus; however, true DVT and PTE were both present in this patient. However, it should be noted that it is difficult to distinguish the contribution of BC-induced vein compression from that of hormone therapy to the occurrence of venous thromboembolism.

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Reference