

MOREL-LAVALLEE LESION - ANOTHER MIMICKING TO ABSCESS

ZhiYung C; Richford AJ; Satriya SHA

Department of Orthopedic, Hospital Selayang

INTRODUCTION:

Morel-Lavallee are post-traumatic, closed soft-tissue degloving injuries which the skin and subcutaneous tissue are separated from superficial fascia. We report two cases of diffuse boggy swelling over the right knee and left thigh respectively.

CASE REPORTS:

61-year old lady with a history of fell into a drain sustained pain and swelling over right knee which was initially manage with analgesia. Symptoms was worsen; increasing in size with superficial abrasion wound over medial aspect of knee region, thus making a diagnosis of a Morel-Lavallee lesion subsequently underwent Incision&Drainage with a finding of large collection of hemoserous collection.



Post injury day-14

Second case, 26-year old with no-comorbids alleged motor-vehicle accident and the thigh was grazed by lorry tyre and treated as soft tissue injury at casualty. The symptoms worsening and ultrasound showed collection measures 7.8x5cm at medial aspect. It drained 1.5L of hemoserous.



Post injury day-7

Both case's cultured isolated *E.coli* and was started on intravenous Amoxycillin&Clavulanted for 2-weeks period. Wound was managed by closed-assisted vacuum pressure showed tremendous granulation tissue and subsequently closed with split-skin graft.

DISCUSSION:

Morel-Lavallee lesion is a closed degloving injury commonly misdiagnosed as hematoma and a vague presentation to professional medical. They occur most often unilateral and more predominantly seen in women. Another challenge is to manage the exposed muscle either by secondary intention wound closure or soft tissue procedure such as split-skin graft or local flap.

CONCLUSION:

Morel-Lavallee lesion is another mimicking lesion to abscess in an acute presentation after misdiagnosed as soft tissue injury to an acute event of trauma which can lead to contour deformity as a result of local tissue necrosis. Acknowledge this presentation is a must as this is rare and uncommon presentation to medical society. An aggressive antibiotic therapy and soft tissue management is a goal in the treatment.

REFERENCES:

1. Vico PG. Morel-Lavallée syndrome. 2000;23(1)
2. Palacio E., Stasi G., Henrique E., Lima R., Mizobuchi R., et al. 2015. Results from surgical treatment of Morel-Lavallee lesions: prospective cohort study.