27 y/o Female presented to ED after MVA

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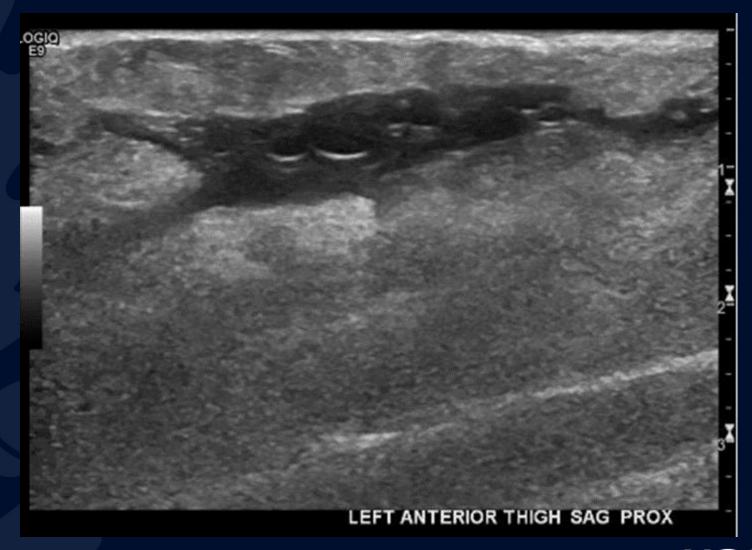


Ultrasound Left Lower Extremity



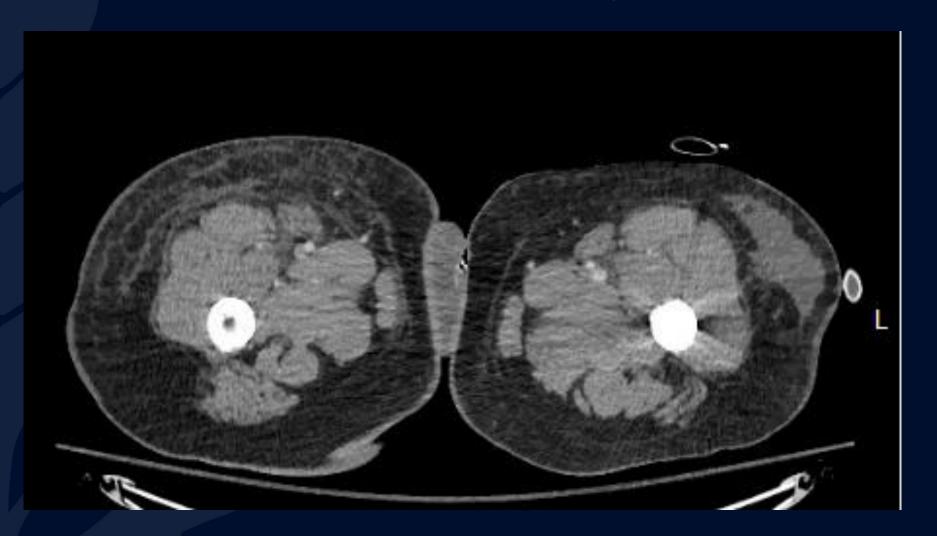


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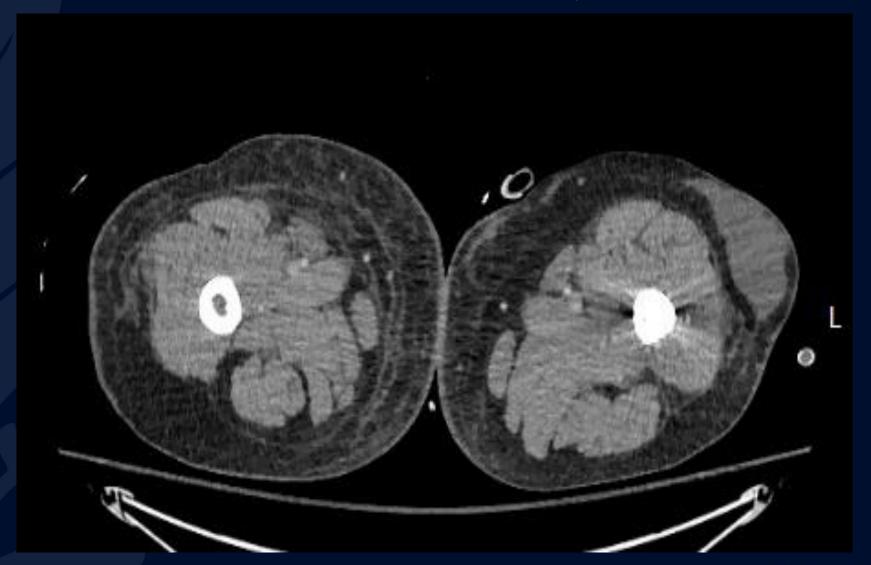


CT Bilateral Lower Extremity





CT Bilateral Lower Extremity









Left Thigh Morel-Lavallee lesion





NECT of the left lower extremity cropped down, showing a subcutaneous serosanguinous fluid collection



Morel-Lavallee lesion

- This is a closed de-gloving soft tissue injury, as a result of abrupt separation of skin and subcutaneous tissue from underlying fascia
- Shear Injury disrupts perforating vessels and lymphatic ducts creating potential space filled with serosanguinous fluid, blood, and necrotic fat
- Magnetic Resonance Imaging (MRI) is the modality of choice for the evaluation
- Early diagnosis and management is essential as any delay or missed lesion will lead to the effusion becoming infected or extensive skin necrosis



Treatment

- Evacuation of the fluid and removal of the necrotic material is the mainstay of treatment
- Conservative Tx with compression can be utilized for small acute lesions without definite capsule.
 - Presence of capsule renders conservative tx unsuccessful
- Percutaneous drainage and sclerodesis using talc and doxycycline have been reported to be effective.



References

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- 2. Bonilla-Yoon I, Masih S, Patel DB, et al. The Morel-Lavallée lesion: Pathophysiology, clinical presentation, imaging features, and treatment options. Emerg Radiol 2014;21(1):35–43
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