27 y/o Female presented to ED after MVA

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Ultrasound Left Lower Extremity
Ultrasound Left Lower Extremity

LEFT ANTERIOR THIGH SAG PROX
CT Bilateral Lower Extremity
CT Bilateral Lower Extremity
Left Thigh Morel-Lavallee lesion
NECT of the left lower extremity cropped down, showing a subcutaneous serosanguinuous 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

