

# Morel-Lavallée Lesion: A Case Series with Different Clinical Presentations and Management Approaches

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## INTRODUCTION

First described by French surgeon Victor-Auguste-François Morel-Lavallée in 1863, MLL is a serious soft tissue injury resulting from shearing forces that separate hypodermis from underlying fascia. This case series presents three patients with MLL who presented with varying clinical manifestations, diagnostic challenges, and management approaches, highlighting the spectrum of this condition and the importance of early recognition.

### Case 1: MLL Following a Motorcycle Accident with Early Presentation

- ✓ **Case** : 41 years old gentleman involved in an accident where his motorbike skidded with direct impact to the right thigh.
- ✓ **Examination** : A 15 cm x 10 cm ecchymosis and swelling seen over medial aspect of distal right thigh.
- ✓ **Investigation**: Ultrasound over the right thigh shows well defined, heterogenous, hypoechoic collection measuring 2.3x4.4x6.8cm in the posteromedial deep subcutaneous layer without muscular extension.
- ✓ **Management**: Admitted for conservative management.

### Case 2: MLL with Hemorrhagic Shock Following Assault

- ❑ **Case** : 21 years old gentleman assaulted with wooden stick. Complained of pain at loin region.
- ❑ **Examination** : Multiple bruises and haematoma seen all over the body. Patient presented with shock (BP 82/40 mmHg)
- ❑ **Investigation** : Hb drop 3g/dL with expansion of haematoma at gluteal region.
- ❑ **Management** : Transfused one pint of packed cell and 1g of tranexamic acid. Admitted for conservative management.

## Conclusion

- ❖ Emergency physicians should be aware of the variability of the presentation of MLL, as early diagnosis and appropriate management can prevent significant morbidity

### Case 3: Delayed Presentation of MLL Following Minor Trauma

- **Case** : 39 years old gentleman presented twice to ED in 2 weeks time with left lower limb swelling. His motorbike skidded and sustained a superficial wound to the left shin
- **Examination** : Swollen left lower limb, twice the size of the right.
- **Investigation** : Ultrasound of left lower limb shows lobulated hyper echogenicity overlying deep subcutaneous fascia consistent with closed degloving injury
- **Treatment** : Admitted for incision and drainage which yields 100 cc of haematoma. Secondary suturing was done, and patient was discharged home.

## DISCUSSION

- High index of suspicion is crucial to avoid misdiagnosis of MLL
- Utilization of ultrasound as the primary diagnostic tool is adequate for establishing the diagnosis and guiding management decisions.
- The management approach for MLL must be individualized based the size and location of the lesion, chronicity, presence of complications, and associated injuries.

## REFERENCES

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