

Morel Lavalle Lesion in Paediatric: Our Experiences

¹Thinesh R; ¹Teh WB

¹Orthopaedic Department, Hospital Pulau Pinang, Malaysia.

INTRODUCTION:

Morel-Lavallee lesion, relatively rare clinical problem ¹, described as closed degloving injuries usually post traumatic with or without multiple fractures where the skin and subcutaneous tissues being separated from the fascia forming a potential space (Pseudospace) due to shearing forces on perforating vessels and lymphatics and filled with blood, serosanguinous fluid, and necrotic fat ².

CASE REPORT:

A 9 years-old boy involved in an accident where a bus ran over him. He sustained left proximal 1/3 tibia, fibula fracture (Figure 1) with no open wound and intact distal neurovascular (Figure 2). Fracture was treated conservatively by temporary backslab immobilisation. After 2 days in ward, he started to complained of fever and severe pain over left leg. Physical examination revealed left leg complicated with skin discolouration and foul-smelling discharges. Enlargement of necrosis tissue area enhanced the threat of developing septic shock. Patient was scheduled for emergency incision and drainage through fasciotomy incision over left leg. The ischemic skin was removed from the level of left leg to left ankle. Damaged muscle with large tissue loss was debrided. Empirically, followed by aimed antibiotics treatment was started post operative. Adequate hydration and pain control was ensured in this patient with blood product and albumin infusion to promote wound healing. Patient currently still warded for wound care where skin graft procedure was scheduled to achieve acceptable aesthetic and functional outcome (Figure 3).

CONCLUSION:

In conclusion, a high index of clinical suspicion is needed and management should be tailored and individualized for every case.

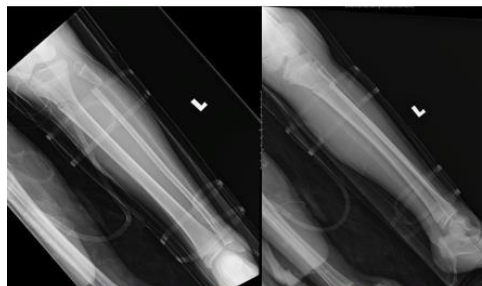


Figure 1: Post trauma X-rays



Figure 2: Post trauma left leg picture



Figure 3: Post debridement left leg picture

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