

Delay Recognition Morel Lavallee Lesion Of The Hip: Recurrent Post-Traumatic Hip Swelling – A Case Report

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INTRODUCTION:

Morel-Lavallée lesions is a relatively rare condition post-traumatic closed degloving injuries with tangential force followed by the separation of the subcutaneous tissue from the underlying fascia and most commonly found in lateral aspect of the proximal thigh.

CASE REPORT:

Case reported as 82 years old Malay man, post trauma 1 year, presented with recurrent left hip swelling and pain. Clinically diffuse benign mass extended from gluteal region to the lateral aspect of proximal left thigh with no sign of inflammation and infection. Initially treated conservatively and percutaneous drainage, however swelling not resolved and recur. Magnetic resonance imaging (MRI) (Fig 1) shown well defined large multiloculated multiseptated heterogeneous collection located superficial to the gluteus maximus muscle and tensor fascia lata of left hip and upper thigh. It measures 5.7x14.7x16.4cm (APxWxCC), has well defined margin and thick capsule and exhibit heterogeneous iso-hyperintense on T1 indicating subacute blood product. The lesion is heterogeneous hyperintense on T2 with fluid-fluid level indicating different ages of fluid component. In view of the location it was concluded as Morel-Lavallée of the left hip and less likely soft tissue tumour. Proceeded with surgical drainage and resection of the capsule to prevent recurrence. Intraoperatively noted encapsulated Morel-Lavallée lesion around 5 x15 x15cm in size (Fig 2). The capsule contains 200 cc of sero-sanguinous fluids with no leakage or pus. Also noted brown spongy like tissue floating, hemolymph and necrotic fat partly adhered to the capsule. Underlying tissue healthy, muscle and tensor fascialata intact. The capsule removed and HPE sent confirm the diagnosis. Patient reviewed after 1 month post surgery, wound well healed with no sign of recurrence.



Figure 1: Magnetic resonance imaging (MRI) of Left Hip, right: axial view, and left: coronal view.



Figure 2: Encapsulated Morel-Lavallée lesion over left hip containing sero-sanguinous fluids with hemolymph and necrotic fat.

CONCLUSION:

Morel-Lavallée lesions are post-traumatic, closed degloving injuries occurring in the subcutaneous plane superficial to the muscle plane due to disruption of capillaries resulting in an effusion containing hemolymph and necrotic fat. MRI is the modality of choice in the evaluation of Morel-Lavallée lesion. Early diagnosis and management is essential to prevent complications such as infection and tissue necrosis. Presence of a capsule indicates the choice of surgery over conservative management of the lesion.

REFERENCES:

1. Bonilla Y, Iris, et al. "The Morel-Lavallée lesion: pathophysiology, clinical presentation, imaging features, and treatment options". *Emergency radiology* 21.1 (2014): 35-43.