PP104 WHERE IS MY PATIENT BLEEDING FROM? A CASE OF MOREL-LAVALLÉE LESION

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INTRODUCTION

Morel-Lavallée lesion was first described by Maurice Morel-Lavallee in 1863. It is a rare condition whereby the subcutaneous tissue is torn away from the underlying fascia post trauma; which may lead to haemorrhagic shock.

CASE REPORT

An obese 29 years old Malay male was involved in a high velocity motor vehicle accident. He fell on the right side and complained of right upper limb pain. During examination, primary survey did not reveal any lifethreatening injuries but he was hypotensive and tachycardic. Extended FAST was negative for free fluid and pneumothorax. Patient was given fluid bolus but was persistently in refractory shock, thus was started on blood transfusion. Chest X-ray and Pelvic Xray did not show any abnormalities. CT abdomen was done showing no solid organ injury but there was a separation of the right lateral abdominal wall muscles involving the right external and oblique, right tranversus internal abdominis muscles with presence of intramuscular haematoma extending into the deep subcutaneous fat at right pelvic region adjacent to the right gluteal muscle, measuring 5.6 x 6.7cm with a smaller haematoma overlying the bulky right lattisimus dorsi muscle as well; suggestive of a Morel-Lavallée lesion.

DISCUSSION AND CONCLUSION

Morel-Lavallée lesion often develop post trauma and some of these lesions may occur with fractures and injuries to other organ systems. As a result of violent shear, a thick layer of subcutaneous fat and skin is ripped from its underlying fascia. During this lymphatic channels process, and perforating vessels from underlying muscle are torn and release their contents into the newly created cavity. Diagnosis by physical examination is challenging and imaging modalities are often used to describe these lesions; in which MRI is most preferred. Treatment can be non-operative by compression dressings and aspiration; or surgical debridement of necrotic material through either small percutaneous or large open incisions.