

INTRODUCTION

Morel-Lavallée lesions are rare, closed traumatic degloving soft tissue injuries caused by blunt trauma. They result from the separation of the dermis from the underlying fascia due to a shearing force. These lesions require a high degree of suspicion, as missed diagnosis can lead to complications such as infection, pressure necrosis of tissue, pseudocyst formation, and chronic fluid collections.

AIMS / OBJECTIVES

To highlight the role of point-of-care ultrasound in early diagnosis.

METHODS

A 48-year-old patient, reattended the emergency department with complaints of left leg swelling and bruising after having had a fall from a horse two weeks ago. She had sustained injuries to the left leg. Upon initial presentation, she had a computed tomography (CT) scan from head to pelvis with x-rays of the left femur. No acute fractures or visceral injuries were reported.

Over the course of the next two weeks the patient developed progressive swelling and bruising of the left thigh. On exam, there was ecchymosis of the left lateral thigh associated with a large fluctuant swelling on the antero-lateral aspect of the left thigh, from groin to the suprapatellar region. Neurovascularly she was intact.

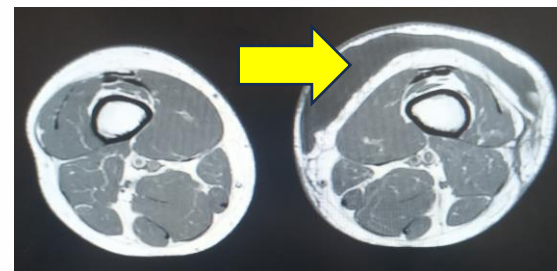


RESULTS

Patient had point-of-care-ultrasound of the thigh which showed extensive areas of hypoechoic fluid filled areas, above the muscular fascial planes, with some internal debris suggestive of fat globules and no fluid-fluid levels. This was concerning for **Morel-Lavallee lesions**.



The patient was discussed with plastic surgery who requested a magnetic resonance imaging (MRI) of the thigh. It confirmed the above and the patient was admitted for open debridement and irrigation.



DISCUSSION

Ecchymosis, fluctuance, skin hypermobility and swelling particularly over bony prominences following a high energy blunt injury should raise the clinical suspicion of Morel-Lavallee lesions. Point-of-care ultrasound is a fast, reliable, cost-effective and a readily available tool in the armamentarium of emergency physicians to diagnose Morel-Lavallee lesions. Prompt diagnosis can aid to reduce miss rates and the associated complications.

CONCLUSION

High clinical suspicion is necessary for diagnosing Morel-Lavallée lesions, especially in patients with swelling and fluctuance following high-energy blunt injuries. Point-of-care ultrasound is an invaluable tool in emergency settings, aiding in prompt diagnosis and reducing complication rates.

REFERENCE

