

AN UNUSUAL CASE OF MOREL-LAVALLÉE LESION OF THE UPPER LIMB

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Introduction: Morel-Lavallée lesions are post-traumatic internal degloving injuries deep to the subcutaneous plane that occur when the skin and subcutaneous tissue is forcibly separated from the underlying fascia as a result from shear stress. Resultant disruption of lymphatic and blood vessels lead to accumulation of haemolymph and subcutaneous debris in the potential space, and development of a necrotic patch on the overlying skin.

Discussion: 32-year-old gentleman with newly-diagnosed diabetes mellitus was involved in a high energy road traffic accident. He sustained severe internal degloving over the elbow and arm. No fractures were seen on imaging. He was treated with multiple wound debridements and intravenous antibiotics. Later, the wound was managed with negative pressure dressing and split skin graft. The patient's injury healed without complications, with elbow flexion 30°-110° after physiotherapy. The eponymous term is typically used for such injuries on the lower limb. Involvement of upper extremities is unusual and easily missed initially, which may delay presentation up to months. Early diagnosis and management could avoid infection of the effusion or development of extensive skin necrosis from compromised blood supply. The typical presentation is a fluctuant, painful mass underneath the subcutaneous plane that spreads over time. The overlying skin may exhibit abrasions. Excessive skin necrosis and haemorrhagic bullae are very rare early on.

Conclusion: Morel-Lavallée lesions are rare but should be a differential diagnosis in patients sustaining closed injuries with progressive regional swelling. Early diagnosis and management is essential. Aggressive debridement is preferred over conservative management to prevent complications.