

MINIMIZING A MAJOR PROBLEM; CASE SERIES OF INFECTED MOREL -LAVALLEE LESION

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Introduction: Victor Auguste Francois Morel-Lavallee describe Morel-Lavallee lesion in 1983 as a post traumatic closed degloving soft tissue injury, where the skin and subcutaneous tissues are separated from fascia superficial to underlying muscle plane[1]. The surgical management of Morel-Lavallee's lesions are controversial and it has evolved from aggressive wound debridement to minimally invasive methods [2].

Discussion: Traditional open debridement might worsen the disrupted vascularity of lesion as it violate the remaining subdermal arterial plexus, the only remaining blood supply to the skin in the area of the lesion. [3] Drainage through small skin incisions with placement of a suction drain as the ideal procedure for patients with viable skin has been described as an effective treatment for these lesions as it preserves the remaining blood supply to the skin to compare with conventional open drainage

Conclusion: We have demonstrated that in the presence of infected Morel-Lavallee' lesions with viable skin can be successfully treated with percutaneous drainage compared to the conventional open debridement. It has excellent clinical outcome, lower morbidity as well as shorter hospital stay.