

Treating Lumbar Morel-Lavallée lesion in a Staged Manner. A Case Report.

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Introduction

Morel Lavallee lesion is a closed degloving injury which shearing forces lead to separation of subcutaneous tissue from underlying fascia. Literature on MLL with traumatic spine fractures is rare and most are complicated with infections after surgical stabilization.

Case report

A 17-year-old man sustained fractures of the left scapula, lumbar spine, pelvic ring and mangled left lower limb following motor vehicle accident. 7 days post trauma, he developed fluctuant swelling over left flank. Sonography of the swelling revealed subcutaneous multiseptated collection. A 2 cm longitudinal incision made over fluctuant area drained 50cc of hematoma. The dead space irrigated with copious amount of normal saline and VAC was applied for 7 days before undergoing PSIF during which there was no sign of infection. The tissues were closed in layers meticulously to eliminate dead space with no drain inserted. The wounds healed uneventfully with no sign of infection during follow ups.



Figure 1: pre and post op of patient

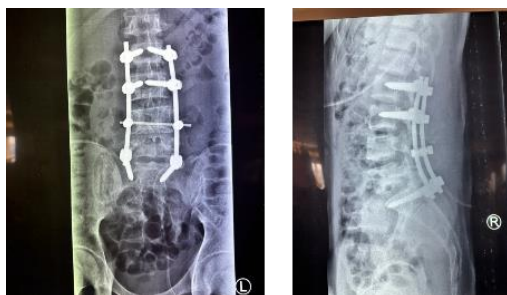


Figure 2: Post op x-rays

Discussion

The Morel-Lavallee lesion is a rare condition that was first described by the French physician Maurice Morel-Lavallee¹. When diagnosis and treatment are not achieved in the early phase, surrounding granulation tissue eventually organize into a pseudo-capsule, preventing reabsorption of the content leading to chronic fluid collection. Because of the rarity, there is no available treatment consensus⁴. Some surgeons have described conservative treatment⁴ while some surgeons have described drainage as well as sclerodesis of lesion². To our knowledge, this is the first report of 2 staged approach to spinal fracture with MLL. The aim is to minimize the risk of infection following internal instrumentation of the spine.

Reference

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