



## Morel-Lavallée Lesion

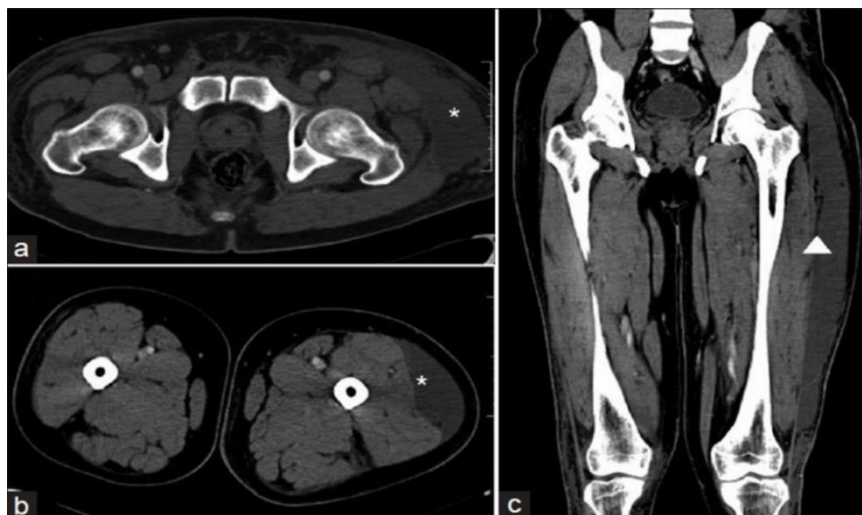
### *What is it?*

- A rare closed degloving injury caused by a traumatic injury
- Occurs when the skin and superficial tissues separate from internal tissue, forming a space that allows accumulation of blood, lymph, and debris
- Most often seen in the upper thigh over the hip



### *How is it Diagnosed?*

- Typically confirmed on imaging (CT, MRI, US)
- MRI is best able to characterize it



CT Images of  
Morel-  
Lavallée  
lesions of the  
left upper leg.



## ***How is it Treated?***

There are several methods to treat MLL in order of least to most effective:

- Compression Bandaging
- Percutaneous aspiration
- Sclerodesis
- Open drainage/mass resection

### *Compression Bandaging*

- For smaller lesions that do not have a capsule
- Drawback is that it's difficult to fully compress a MLL with bandaging, so most patients require further intervention



Ultrasound Image of an MLL

### *Percutaneous Aspiration*

- Method of draining by needle-puncture of the skin
- Less invasive than surgery
- Drawback is that most lesions return after aspiration
- May require imaging guidance (ie: US or CT)

### *Sclerodesis*

- Medications to harden the tissue
- Next step if percutaneous aspiration does not work
- Doxycycline is the most common drug used
- Highly concentrated dextrose, talc, and ethanol are other options
- Requires imaging guidance (ie: US or CT)

### *Open Drainage and/or Mass Resection*

- Most invasive but most effective
- Open drainage can be performed if the skin overlying the lesion is healthy
- If the skin overlying the tissue is not healthy, mass resection (removal) is required