



AB164. 54. A novel treatment for chronic disease: minimal invasive surgery for Morel-Lavallee lesions

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Background: Morel-Lavallee lesion (MLL) is a post-traumatic, closed, degloving soft tissue injury secondary to shearing or tangential forces. A dead space is created between the subcutaneous tissue and the underlying fascia that fills with hemolymphocel and liquefied fat. The common anatomical sites for these lesions are greater trochanter, flank, buttocks and lumbo-dorsal region. The patient presents with variable clinical features, ranging from a painful, fluctuant soft tissue swelling to abscess formation or skin necrosis with associated fever and malaise, following history of trauma such as motor vehicle accident or a fall. MRI is the investigation of choice and the treatment approaches initially involves conservative management with antimicrobial cover. But in case of failure of conservative management, open drainage and extensive debridement of devitalized tissues as well as

skin grafting is required due to significant skin loss. This not only has severe morbidity but also can result in fatal complications. Therefore, the need to develop an alternative treatment methodology is urgently necessitated.

Methods: We devised a new management technique that involves minimal incision with complete evacuation of fluid. This study describes the details of the procedure and results when the technique is applied on the patient. Primary outcome was measured by reduction of size of lesion and secondary outcome was complications post-operative or recurrence.

Results: The first ever-minimal invasive procedure for MLL was conducted on a patient and resulted in excellent outcome with limb returning to normal size and insignificant scar.

Conclusions: Therefore, based on the treatment outcome of our patient, we conclude that extensive debridement is unnecessary for MLL and minimal invasive surgical intervention can be an ideal option to treat Morel-Lavallee lesion.

Keywords: Morel-Lavallee; lesion; surgery; management

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