Morel-Lavallée syndrome

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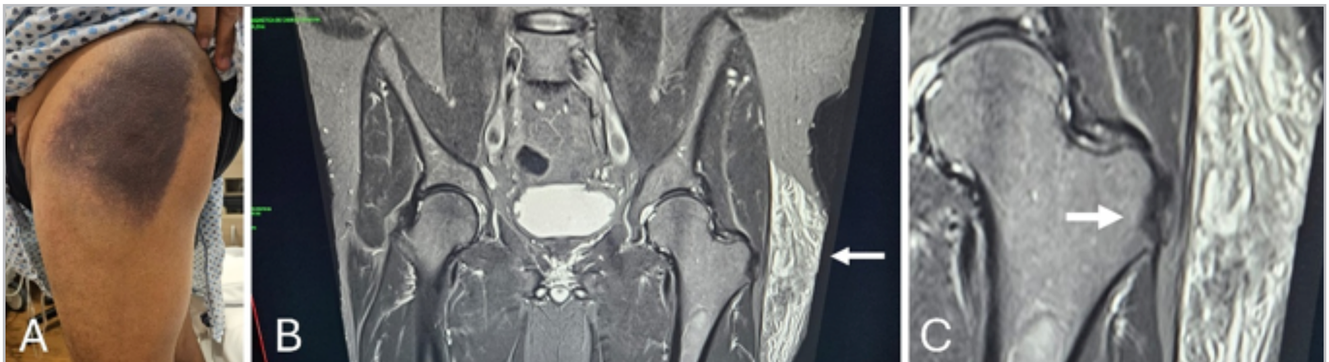

Figure 1. A*: clinical photograph of a 56-year-old man with tension ecchymosis in the left trochanteric region, 24 hours after onset; magnetic resonance imaging;* **B:** *coronal T2-weighted image of the pelvis showing a large subdermal collection separating the subcutaneous tissue from the muscular fascia of the middle gluteus medius and left tensor fasciae latae (arrow);* **C:** *close-up showing avulsion of the greater trochanter.*

Morel-Lavallée syndrome (MLS), described in 1863, affects the soft tissues. Its pathophysiology involves tangential trauma with shearing forces that separate the skin and subcutaneous tissue from the muscle fascia. It manifests one to several days after trauma and can cause complications like infection and skin necrosis (1).

The diagnosis is confirmed by an ultrasound in the acute phase showing a fusiform, anechoic fluid collection. With magnetic resonance imaging, it is classified into six types: type I: seroma; type II: subacute hematoma; type III: chronic hematoma and necrosis; type IV: closed laceration with no capsule, type V: pseudonodular perifascial lesion; and type VI: superimposed infection and capsular thickening (2).

Treatment consists of compression bandaging for four weeks. Percutaneous drainage can be used for large acute lesions, while surgical debridement is indicated for the largest lesions (3).

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