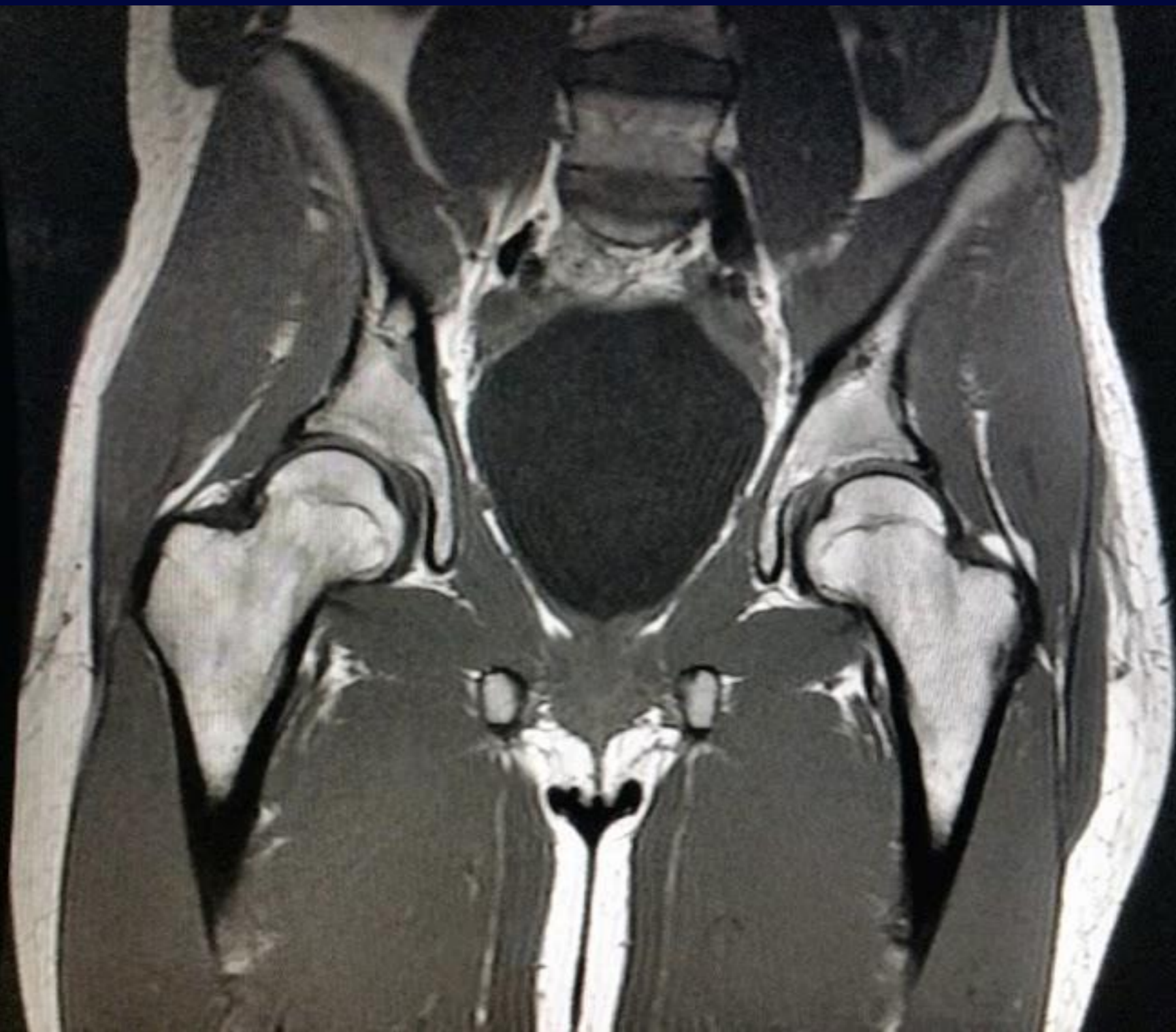
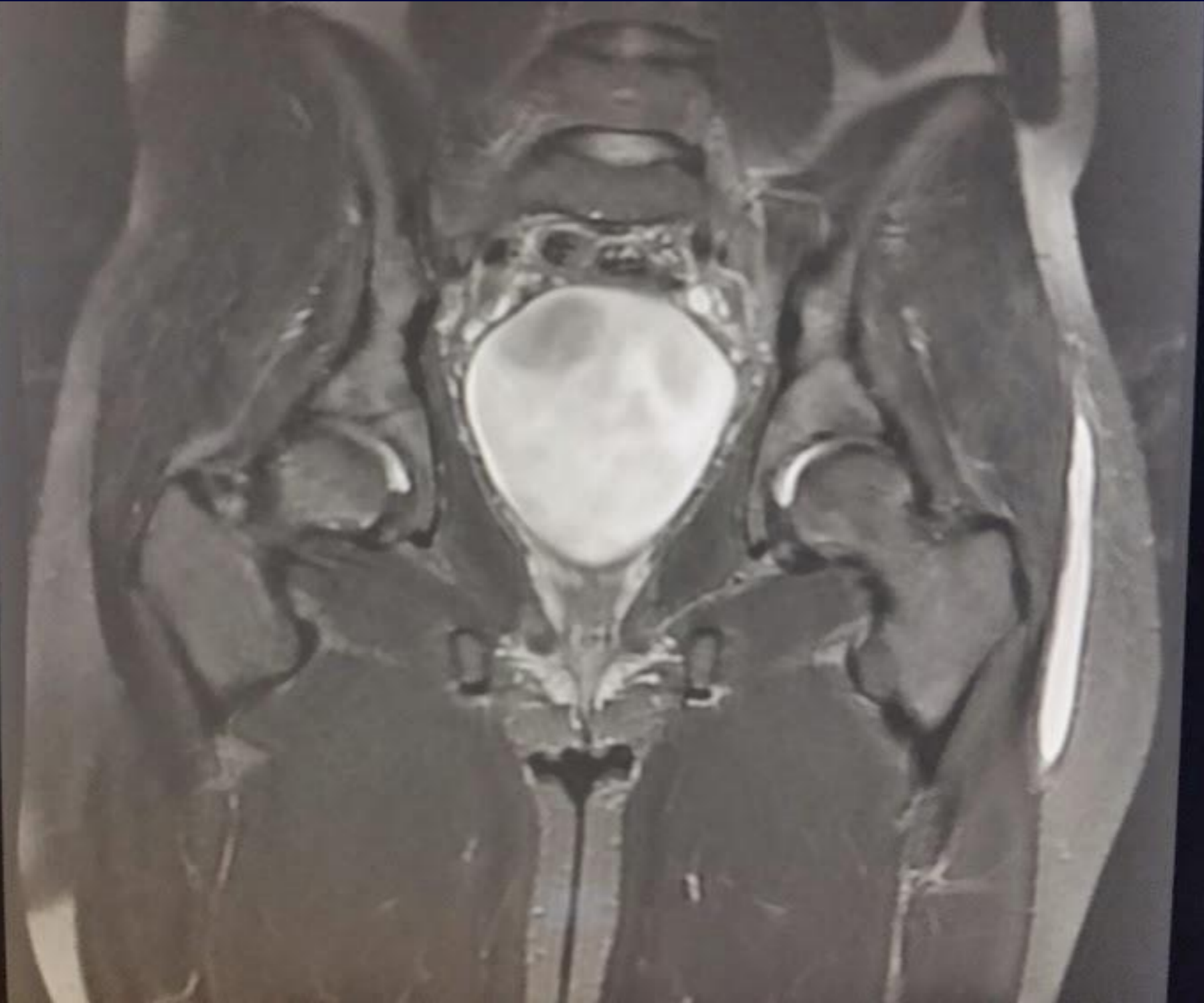


# Persistent hip pain

Axial and Coronal T1 & Fluid Sensitive  
MR Images of pelvis / left hip





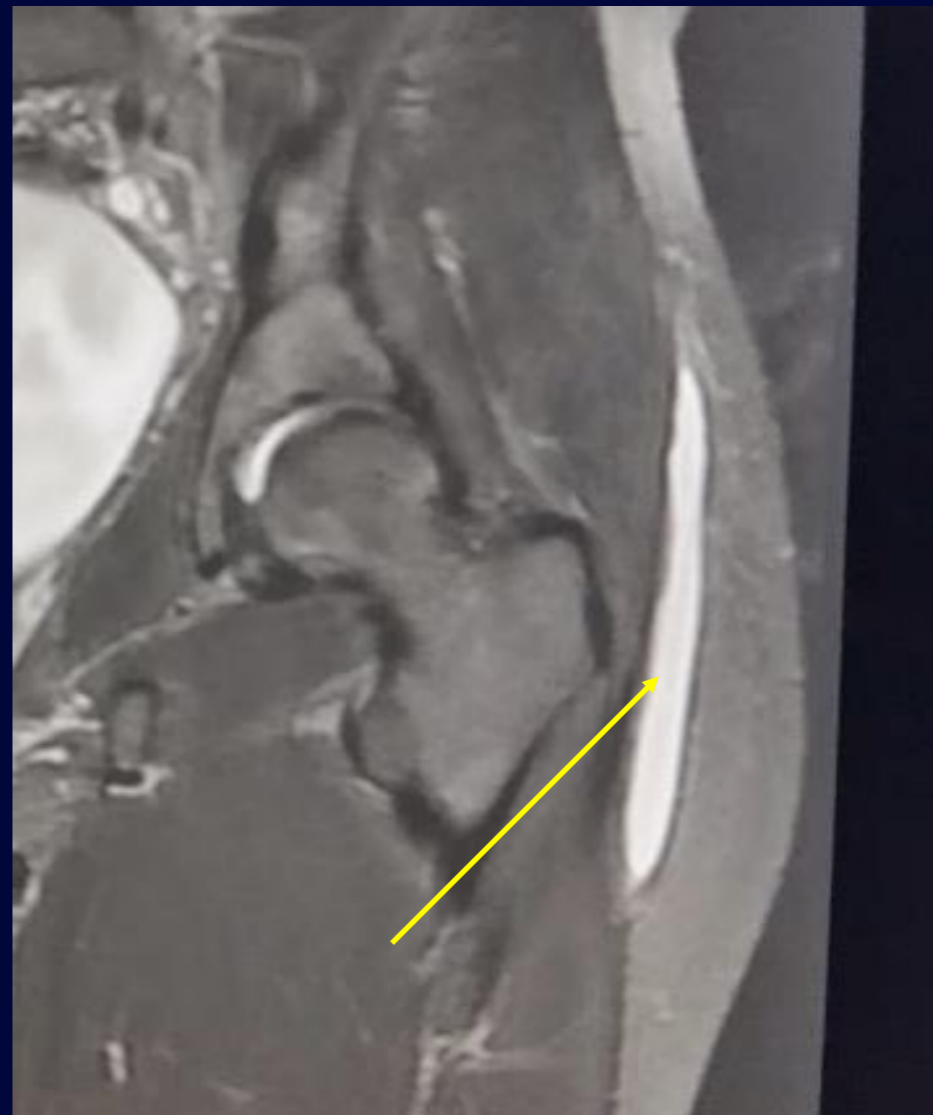


W 4377 : L 2189

W

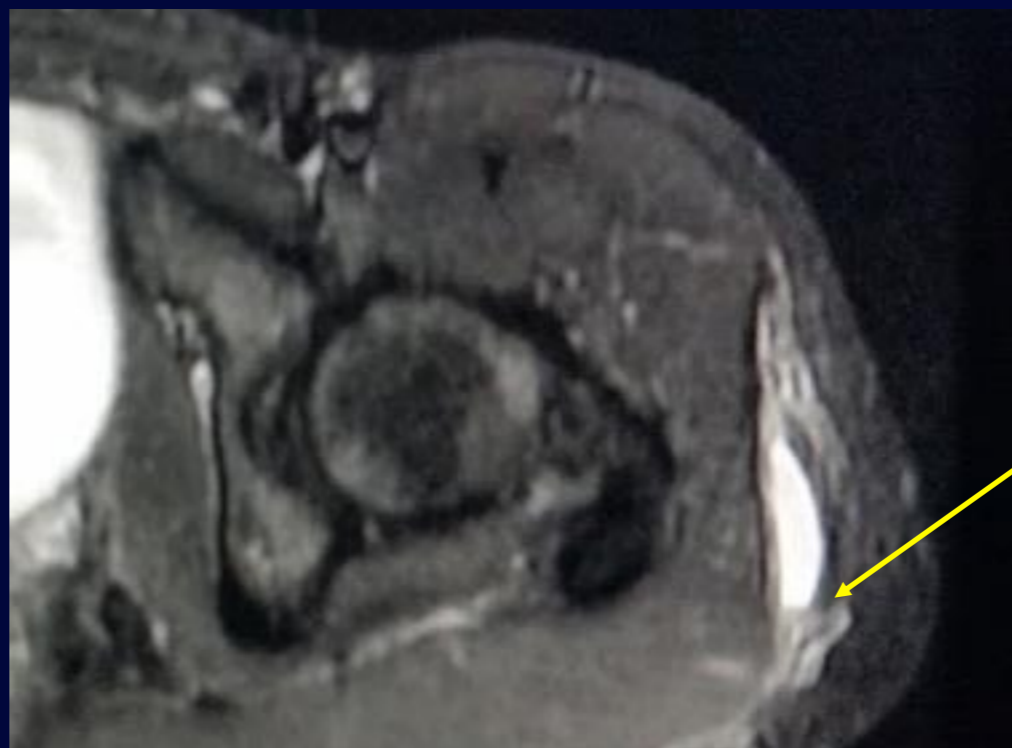


Key Image



Fluid collection  
(primarily bright T2 /  
dark T1) with fluid-  
fluid level lateral to  
the left gluteal  
fascia/iliotibial band.

Droplet of fat and  
single septation  
present (not shown)

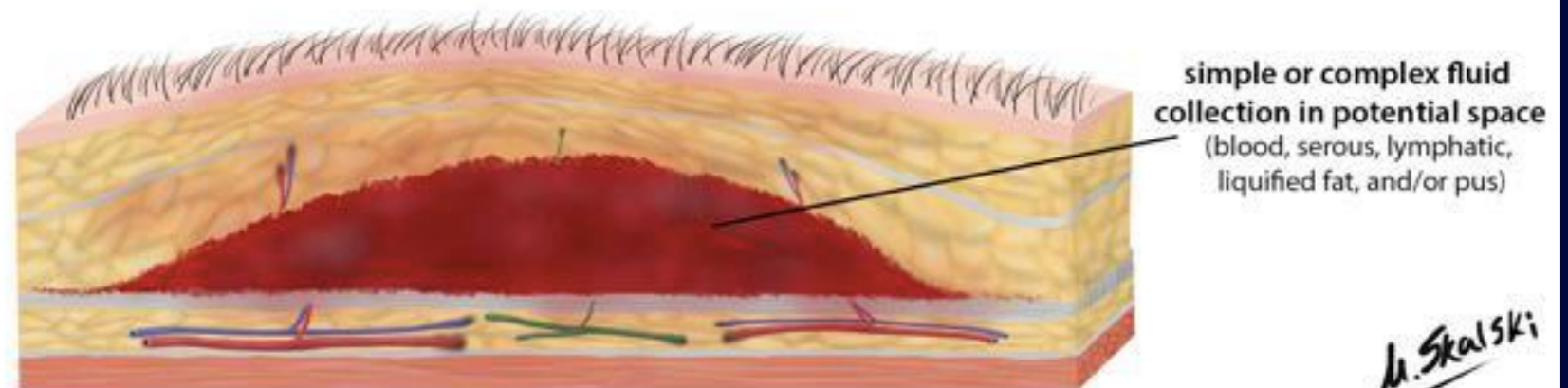
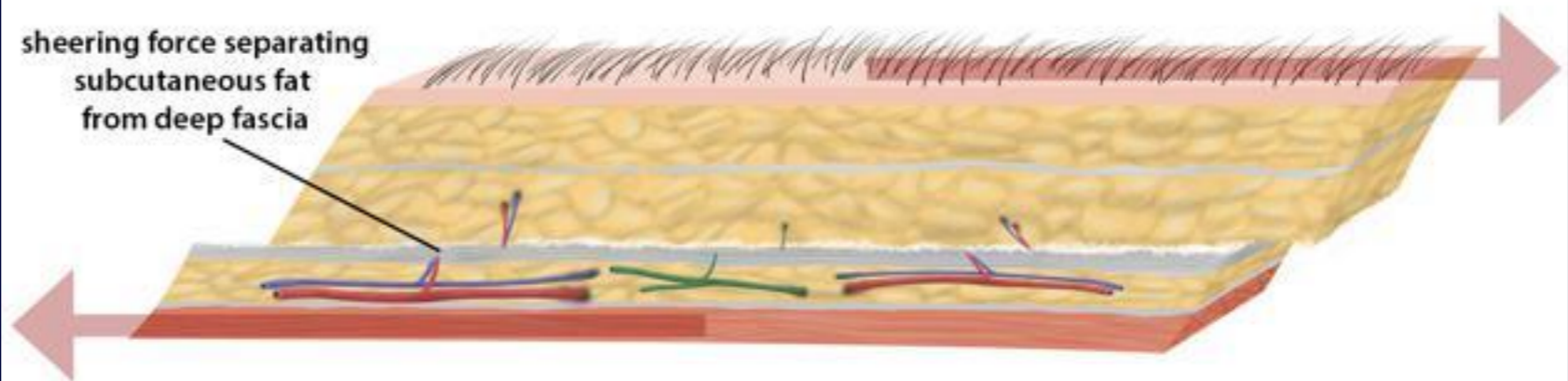
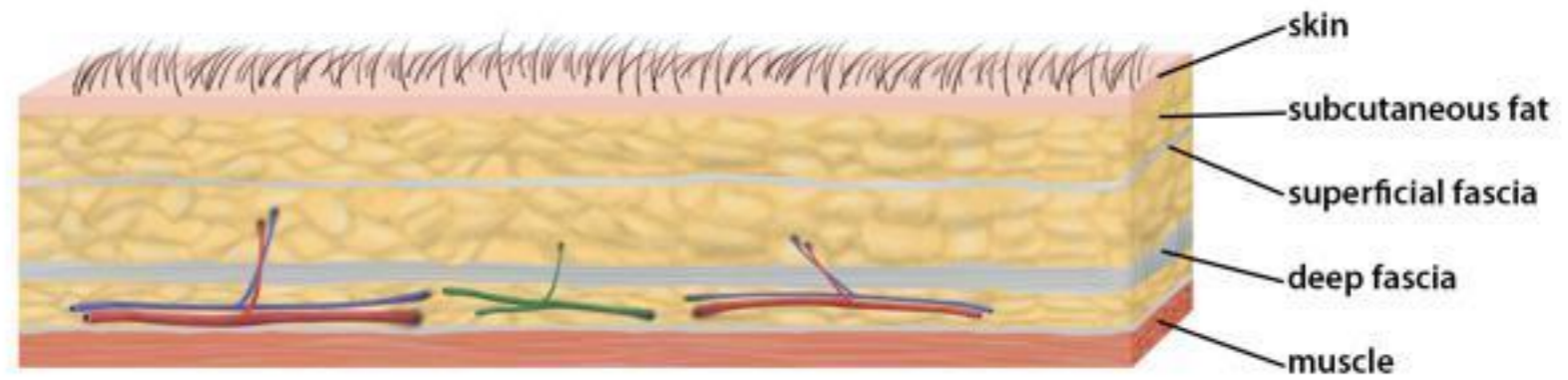


# Morel-Lavallée Lesion

- Differential:
  - bursitis
  - effusion
  - hemangioma
  - sarcoma
  - fat necrosis
  - subcutaneous hematoma
  - cyst
  - pseudocyst



# Morel-Lavallée mechanism



*M. Skalski*

Sheering Force Injury

separates subcutaneous fat from deep fascial layer

creates fluid pocket in potential space

- Morel-Lavallée Lesion
  - AKA:
    - Deep internal rotational degloving
    - Posttraumatic soft-tissue cyst
    - Pseudocyst
    - Morel-Lavallée extravasation
    - Morel-Lavallée effusion
    - Posttraumatic ancient hematoma
    - Chronic expanding hematoma
- Features
  - Early
    - Expanding lesion between subcu fat and fascia
    - Hypointense rim / capsule
    - T1/T2 hyperintense = blood/lymph
  - Chronic
    - variable appearance
    - mostly fluid-like with layering evolving hemorrhage
    - fat droplets
    - septations
    - may never resolve spontaneously

- Morel-Lavallée Lesion
  - Differential:
    - hemangioma
    - sarcoma
    - fat necrosis
    - subcutaneous hematoma
  - Treatment
    - compression bandages
    - antibiotics initially
    - may respond to draining, but usually refills if capsule not resected
    - sclerosing therapy

## Reference

Long-Standing Morel-Lavallée Lesions of the Trochanteric Region and Proximal Thigh: MRI Features in Five Patients. Mellado, JF. PerezdelPaloma, L. Diaz,L, Ramos, A. Sauri, A. AJR 2004;182:1289–1294

Gilbert BC, Buimansfield LT, Dejong S. MRI of a Morel-Lavellée lesion. AJR Am J Roentgenol. 2004;182 (5): 1347-8.

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