

EP-220

흡인 배액관과 음압창상치료를 병합한 모렐-라발레 병변의 치료

(Treatment of morel lavallee lesions using a combination of suction drain and negative pressure wound therapy)



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Purpose: Morel Lavallee lesions (MLL) are closed degloving injuries in which fluid accumulates between the hypodermis and deep fascia. Although the incidence is reported to be rare, once it occurs, it often progresses chronically and is prone to recurrence. Although various treatments have been introduced, there is still no standard. The authors report successful treatment of MLL using a combination of suction drain and negative pressure wound therapy (NPWT).

Methods: A total of two patients were treated with this combination. All cases were caused by blunt trauma, and the average duration was 2.3 months. Necrotic skin was excised, and the inside of the pocket was meticulously debrided. A suction drain was inserted inside the pocket, the skin wound was closed, and then NPWT was applied widely to the area. NPWT was removed after being maintained for a week, and the suction drain was removed within 2 weeks.

Results: All cases were treated well without any specific complications. There were no signs of recurrence during the follow-up period of more than 6 months. In the case of young female patient, satisfactory cosmetic results were obtained. This combination is thought to have shown good results based on the principle of maintaining negative pressure within the pocket using suction drain and maintaining positive external pressure using NPWT.

Conclusion: MLL are difficult to treat because they tend to become chronic and recur easily. Combination of suction drain and NPWT can be a relatively simple treatment method that can reduce the recurrence rate.

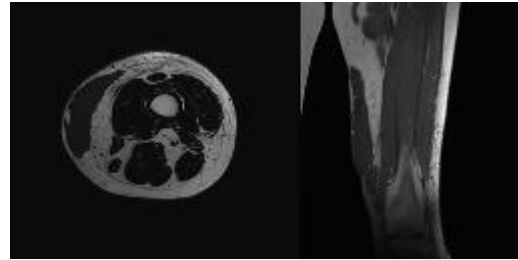


Fig. 1. MRI image of the first patient. In the T1 MRI image, a well-defined fluid signal lesion measuring approximately 11x20 cm was observed in the subcutaneous layer of the left medial thigh.



Figure 2. Clinical photograph of the first patient. Skin necrosis about 3cm in diameter was observed, and fluctuations were observed in the surrounding area.



Fig. 3. Immediate post operation clinical photograph of the first patient, showing NPWT system applied on the surface.



Fig. 4. Clinical photograph of the first patient at 6-month follow-up visit showing preserved symmetrical contour of thighs.