

# UC San Diego

## Family Medicine Research Symposium 2025

**Title**

Male athlete with right hip pain after fall

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## **HPI**

KJ is a 35-year-old active male who presented with right hip pain after falling off of a mountain bike while attempting a jump. The initial incident was 1 year prior to presentation, causing swelling and bruising on the lateral aspect of his hip spanning the entirety of his leg and was associated with mild ROM deficits, all of which fully resolved after 6 weeks. However, over the last few months, patient noticed a persistent bump on his right hip that was tender to touch. He endorsed difficulty laying on the R hip and activity involving hip flexion past 90 degrees, prompting medical evaluation. He denied any paresthesias or radicular pain down his leg. He has no other history of hip injuries but notes occasional pain due to overuse activities.

## **Differential Diagnosis**

- Traumatic trochanteric bursitis
- Morel Lavallee Lesion
- Myositis ossificans
- Trauma-induced hematoma
- Femoroacetabular impingement

## **Tests & Results**

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- R Hip/Thigh Ultrasound: large fluid collection in bursa vs fascial morel lesion
- Xray R hip/pelvis: No acute abnormality identified of the right hip. If there is clinical concern for chronic Morel-Lavallee lesion, consider ultrasound or MRI for further characterization.
- MRI R thigh w/o contrast: Thin collection... favored to reflect a chronic hematoma/Morel Lavallee lesion. Bilateral trochanteric bursitis.

## **Final Working Diagnosis**

Morel Lavallee lesion of right hip and bilateral trochanteric bursitis

## **Discussion**

Morel-Lavallee (ML) lesions, also known as "degloving injuries," are localized swellings caused by a shear force detaching the superficial tissues from the underlying fibrous fascia. Presentation is typically in proximity to traumatic event, but may be delayed months after the initial injury. Differentiation between bursitis and ML lesions can be based on anatomic location. Ultrasound can be useful for initial imaging but MRI is the

mainstay imaging modality for characterization. Management is based on size and can range from supportive care, percutaneous drainage, to open debridement and irrigation. Early diagnosis and management is essential as delay can lead to infection.

### **Outcome**

1. Trial of physical therapy. MRI to further assess etiology. Follow up 4 weeks.
2. Patient presented less than 2 weeks later with a fall on right hip while skateboarding with increased pain. Repeat US and xrays with no new findings. MRI pending. Advised relative rest while pending MRI and reinitiation of PT as able.
3. MRI showing Morel Lavallee lesion with bilateral trochanteric bursitis.

### **Return to activity and follow-up**

On follow up assessment, patient was symptomatically improving with conservative management involving temporary reduction of activity and physical therapy. He was recommended to continue physical therapy with gradual progression back to his usual activity as tolerated with follow up as needed.