Morel Lavallée Lesion In A Division 1 Lacrosse Player  
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**Background:** A twenty-one year old male, Division I Lacrosse defenseman, with no significant medical history, presented with a chief complaint of posteriolateral lower leg pain and fatigue. History revealed the athlete sustained injury during play of March 2015 when a shot grazed his lower leg. Initially, he self-treated with ice and continued to play. Five days later, he presented to the athletic training staff displaying lower leg edema ranging from the proximal to distal lower leg. Further presentation included a soft fluctuant mass, ecchymosis, and tenderness with palpation over the site of impact. The patient had full ROM and was full weight bearing, although did report slight pain during toe-off. Pain increased with MMT of gastrocnemius, soleus, anterior tibialis and peroneals, and he complained of lower leg fatigue. The athlete began treatment for a contusion with high volt stimulation, ice, elevation and a compression dressing. A pad was created for protection during play. One-week post-injury, he began complaining of calf cramping during a game. He was stretched and given electrolytes, but unable to continue. He was evaluated the following day, presenting with increased ecchymosis, erythematous skin and was significantly warm to touch. The affected area also increased in range. During ROM re-evaluation the patient reported cramping sensation. **Differential diagnosis:** Contusion, cellulitis, hemorrhagic bursitis, compartment syndrome, and hematoma. **Treatment:** The athlete was referred to the team physician who performed diagnostic ultrasound, which identified a Morel Lavallée Lesion (MLL). The athlete took two days off and was treated with Kinesiotape, padding, electrical stimulation, and ice. After two days, the edema and warmth decreased, and play was permitted as tolerated, assuming symptoms did not increase. It was believed tissue edema created the urge to cramp. Two weeks after the MD visit, the athlete presented with no signs or symptoms and returned to play. A MLL is a rare cause of subcutaneous swelling created by traumatic shearing of the hypodermis from the underlying fascia. This creates space that fills with a combination of hemorrhage, fat and lymphatic fluid. If untreated, an inflammatory reaction creates a peripheral capsule, preventing reabsorption of the contents and self-perpetuation. The lack of self-perpetuation leads to the potential for open debridement. Treatment of such lesions is not well established due to limited occurrences. In this case, conservative treatment was successful. **Uniqueness:** The case is unique due to mechanism, incidence rate, duration and evaluation findings. A MLL would typically be seen following a car accident, or a low-velocity crushing injury, often in combination with an underlying fracture. In our case, a lacrosse ball produced enough shearing force to cause the lesion. Research has found that only 1.5% of all MLL incidences occur within the calf, and the more common sport-related cause of MLLs are within football from knee-turf contact. The lesion our patient suffered only presented with symptoms for two weeks rather than the average of thirteen months. **Conclusions:** This case has been presented involving an atypical site, mechanism and patient population. Delayed diagnosis, usually causes chronic MLL recurrence and peripheral capsule formation, which would have prevented successful conservative treatment. Untreated MLLs often go unidentified and can result in infection, fat necrosis, and/or chronic problems. Initial skin bruising can mask significance of the underlying soft tissue injury. Additionally, research findings regarding shearing forces on turf, and the common use of turf as a playing surface, should keep MLLs in the bank of differential diagnoses when presented with similar signs and symptoms. **Relevant Evidence:** None. **Word Count:** 600