Periestomal Lesion with Phlyctena: Therapeutic Approach with Fluorescent Spray Barrier, Gelifier and Cream MG500



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## **OBJECTIVE:**

This case report aims to describe the management of a peristomal lesion with phlyctena and skin loss using the barrier spray gelifier and the MG500 cream. The objective is to evaluate the effectiveness of these products in promoting healing, preventing further complications, and improving the patient's quality of lifeby ensuring adequate wound control and protection of the peristomal area.

## **MATERIALS AND METHODS:**

This case involved a 72-year-old male patient with diabetes, heart disease, and an abdominal colostomy (AC), who presented with a peristomal lesion characterized by phlyctena and skin loss. The therapeutic approach included the use of three main products: Gelifier, MG500 Cream, and Barrier Spray. The treatment process is detailed below:

#### **MONITORING AND FOLLOW-UP:**

The patient was monitored every 48 hours to assess lesion progression, identify signs of infection, and adjust the treatment if needed. The effectiveness of treatment was determined by pain reduction, improved skin appearance, decreased exudate, and extended appliance wear time—eventually lasting up to 4 days without needing replacement.

## **RESULTS:**

Treatment of the peristomal lesion with phlyctena and skin loss using the barrier spray, gelifier, and MG500 cream resulted in significant clinical improvement over a 10-day period. The barrier spray provided an effective protective layer, reducing friction and moisture in the affected area. This protection was essential in preventing further skin damage while supporting healing. The gelifier contributed to social comfort and prevented new injuries caused by effluent leakage. It also helped reduce bag ballooning and neutralized acidity and odor, enhancing overall appliance performance and patient well-being.

#### INITIAL TREATMENT:

The affected area was carefully cleansed to remove any residue. The MG500 cream was applied to the lesion and evenly distributed to promote hydration and skin regeneration.

#### APPLICATION OF BARRIER SPRAY AND GELIFIER:

The barrier spray was applied directly around the stoma, forming a protective layer over the damaged skin. This improved the adhesion of the ostomy appliance. Prior to using the gelifier, the hospital appliance required changing every 2 hours due to leakage. After the introduction of the gelifier, which prevents effluent overflow, neutralizes odor and acidity, the system remained leak-free for 2 days.

## **CONCLUSION:**

This case highlights the importance of an effective and integrated therapeutic approach in the management of peristomal lesions. The results suggest that the combination of barrier spray, gelifier, and MG500 cream offers a valuable treatment option, promoting faster healing and significantly improving the patient's quality of life.



I have no conflict of interest

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