

Andréa Pacheco da Silva Dultra

Nurse specialized in Dermatological Nursing at Gama Filho University.

Objective: This work aims to report the clinical experience and the results obtained with the use of gel and fluid composed of Andiroba, Neem, Melaleuca oil, fermented glycolic extract of papaya and sugar cane, Rosemary, Aloe Vera and Hyaluronic Acid in the treatment of perineal lesions resulting from Fournier Syndrome, highlighting the potential of this approach in inflammatory modulation, local bacterial control and stimulation of tissue regeneration.

Method: This is an experience report conducted in a private practice in the city of Salvador, Bahia. The case was monitored through photography from March 20 to April 9, 2024. The ethical aspects of research involving human beings were respected - Resolutions 466/2012 and 510/2016 of the National Health Council.

Results: Patient A.S., male, 28 years old, diagnosed with Fournier Syndrome, without comorbidities. The patient had used other technologies for ten days without success. Irrigation was performed with a fluid based on glycolic extracts and a gel composed of Andiroba, Neem, Melaleuca oil, fermented glycolic extract of papaya and sugar cane, Rosemary, Aloe Vera and Hyaluronic Acid was applied, changing the gel every 24 hours.

Figure A: lesion with presence of liquefaction necrosis, exudate and ischemia (), **figure B:** reduction of liquefaction necrosis, presence of granulated tissue and contraction of edges (03/28/24), **figure C:** contraction of the lesion and granulated tissue (04/09/24). The patient reported reduced pain. No cutaneous or systemic adverse reactions were observed. The wound, which initially measured 16 cm x 12 cm, showed a 62% reduction in total area in 20 days of treatment.



Application of gel and fluid composed of Andiroba oil, Neem, Melaleuca, fermented glycolic extract of papaya and sugar cane, Rosemary, Aloe Vera and Hyaluronic Acid in the treatment of perineal lesions resulting from Fournier Syndrome.

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Figure B - 03/28/24



Figure D - 04/09/24



Figure C - 04/02/24

Conclusion: the efficiency of the treatment of perineal lesions in Fournier Syndrome can be confirmed with the use of gel and fluid composed of Andiroba, Neem, Melaleuca oil, fermented glycolic extract of papaya and sugar cane, Rosemary, Aloe Vera and Hyaluronic Acid, in inflammatory modulation, local bacterial control and stimulation of tissue regeneration, being a safe, effective and low-cost strategy to accelerate the healing process and reduce the need for more invasive interventions, such as grafts or complex reconstructions.

Descriptors: injury; Fournier; debridement; antisepsis.