



## Ozone therapy in the therapeutic approach to the management of leukocytoclastic vasculitis.

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**Objective:** To report a case of leukocytoclastic vasculitis treated with transcutaneous ozone therapy.

**Methods:** case study of a 74-year-old woman with type II Diabetes Mellitus, Systemic Arterial Hypertension, Depression and a history of allergy to diclofenac and ceftriaxone. Possible control of capillary blood glucose at home ranging between 150-200 mg/dl. Referred to the plastic surgery outpatient service (physician and residents, nurses and nursing students) of a teaching hospital in southern Brazil for the treatment of leukocytoclastic vasculitis in the lower limbs with a to clarify. In the first visit, in May 2021, he presented intense pain and lesions that permeated the entire length of the feet and ankles of both limbs, with the presence of ruptured blisters, large amounts of slough and seropurulent exudate, purpura and necrotic regions. No conditions to measure the lesions by the extension and clinical status of the patient. Wound hygiene was performed with polyhexamethylene biguanide solution and instrumental debridement. Weekly treatment started with transcutaneous ozone per bag, dose 90 mcg for 30 minutes. As primary coverage, hydrofiber with silver was used in the first visit, and foam with adhesive-edged silver and gauze with petrolatum in the others. At outpatient discharge, maintenance of hydration and general health care were prescribed. The research was approved by the ethics committee for research with human beings.

**Results:** In the second visit in June 2021, patient with improvement in general condition and pain control. Significant reduction in injured areas: left limb with lesion in the malleolar region 4x3 (12 cm<sup>2</sup>) with 95% granulation and 5% slough, right limb with lesion on the dorsum of the foot 8.5x4 (34 cm<sup>2</sup>) 100% granulated. A total of four consultations were carried out, with the application of two sessions of Ozone therapy. In 21 days the lesions were completely healed.

**Conclusion:** Ozone therapy was used in the adjuvant treatment to obtain the effects of: antimicrobial activity, increased angiogenesis, modulation of inflammation, decrease stress of oxidative cell, promotion of analgesia and regulation of cellular metabolism. These associated factors favored healing quickly and effectively, in addition to providing a better quality of life for the patient. New clinical studies are suggested with the expansion of the investigated sample and in new care contexts.