

COMMON WARTS

What causes warts?

All warts are caused by specific types of viruses that have an attraction for the skin. They can grow on just about any part of the body. Their appearance depends on their location. Warts are slightly contagious and may spread from one part of the body to another or from one person to another. We do not understand why some people seem to be resistant to developing warts while others grow warts very easily.

How are they treated?

Warts can resolve spontaneously without any treatment, especially in children. This may account for the success of many folk remedies.

While the majority of warts can be successfully treated, some warts, (especially around the fingernails and on the feet) are extremely difficult to eradicate. Sometimes new warts will form while existing ones are being destroyed. At other times, untreated warts will disappear when other warts are treated. Warts may also return after an apparent cure. Do not be alarmed as this is very common. These can be retreated more vigorously or with a different technique.

Many different treatments can be used. Dr. Kern doctor will choose the most appropriate for your particular situation. This provides basic information about the different possible treatments.

Freezing with liquid nitrogen: This is often very effective. A blister will usually occur. It is best not to pop the blister, but if it is too uncomfortable, it may be drained by puncturing it with a sterile needle. A needle can be sterilized by placing it in boiling water for 30 seconds. In any case, do not remove the blister roof. Treatment will often need to be repeated several times, about every 2-3 weeks. Earlier retreatment may be more effective, but is more uncomfortable. Liquid nitrogen treatments are usually combined with treatments discussed below.

Salicylic acid, liquids, or gels: These are usually over the counter items (examples: Duofilm, Duoplant, Occlusal). Apply a drop of the medication to the wart. Allow to dry. If the wart is large, apply enough drops to cover the wart, but do not allow it to run over onto the normal skin. When dry, cover with adhesive tape or a Band-Aid. Leave the tape on a day long if tolerable. It is okay if it gets wet. Repeat the process each day.

After a few days, the outside of the wart starts to turn gray. In the evening, scrape this off with an emery board, pumice stone, or callus file after soaking the area in warm water for 5 minutes. Be sure to get rid of all the dead tissue so that the medicine can penetrate better. Then apply the prescription medicine Aldara. If soreness occurs, stop treatment and restart after it subsides. Do not use the file you use to scrape the wart, or the towel used to dry it for any other purpose since this could spread the virus. Continue treatment until the skin appears normal. This usually takes from one to three months. If the wart is still present after three months, please return for a different type of treatment. Also return if the wart becomes extremely painful or infected.

Salicylic acid plasters: Several of these are available without a prescription (“Sal-Acid Plaster” made by Pedinol, “Mediplast” made by Beiersdorf, or “Callus and Corn Remover” made by Dr Scholl). Scrape off dead tissue daily with an emery board, pumice stone, or callus file. Soak the warts in warm water for 10-15 minutes. Then apply the plaster. Use a piece only very slightly bigger than the wart so it does not irritate normal skin. Place adhesive tape over it to ensure that it sticks. Continue treatment until the wart is gone, which may take weeks to months.

If “Trans Ver Sal” or “Trans Plantar” are prescribed, follow the directions on the box.

Cantharidin (Cantharone, Verrusol): If this is used, leave the tape on for 24 hours (48 if on the palms, soles, or around the fingernails). However, if burning occurs before this time, remove the tape and wash

off the medication immediately. The goal of therapy is to cause blister formation. If instructed by your doctor, apply salicylic acid plaster on top of the cantharidin. Apply tape over the plaster to be sure it sticks. Treatment should be repeated weekly until resolution.

Surgical removal plus “burning” with electric needle: This is the most appropriate therapy in some situations. Occasionally, however a small scar may result.

Bleomycin: Injections with this medication are used only when other treatments have failed. Injections are painful and may cause an extremely severe response, with blackening of the wart and ulceration of the skin.

Lasers: Therapy is often effective but very expensive. In most cases, however, lasers provide no particular advantage over other treatments.

Other treatments are also used in some situations.