

WARTS

(Verruca Vulgaris)

BASIC INFORMATION

DESCRIPTION

Benign tumors caused by a virus in the outer skin layer. Warts are not cancerous. They are mildly contagious from person to person, and from one area to another on the same person. They can appear anywhere on the skin, but most likely on the fingers, hands and arms. They are most common in children and young adults between ages 1 and 30, but may occur at any age.

FREQUENT SIGNS AND SYMPTOMS

A small, raised bump on the skin with the following characteristics:

- Warts begin very small (1mm to 3mm) and grow larger.
- Warts have a rough surface and clearly defined borders.
- They are usually the same color as the skin, but some-times darker.
- Warts often appear in clusters around a "mother wart."
- If you cut into the wart surface, it contains small black dots or bleeding points.
- Warts are painless and don't itch.
- Plantar warts appear on the soles of the feet.

CAUSES

Invasion of the outer skin layer (epidermis) by the papilloma virus. The virus stimulates some cells to grow more rapidly than normal. Warts are very common. By adulthood, 90% of all people have antibodies to the virus, indicating a history of at least one wart infection.

RISK INCREASES WITH

- Use of public showers.
- Skin trauma.
- Immunosuppression due to drugs or illness.

PREVENTIVE MEASURES

- To keep from spreading warts, don't scratch them. Warts spread readily to small cuts and scratches.
- Wear properly fitting shoes.

EXPECTED OUTCOMES

Many warts disappear spontaneously in 1 month. Without treatment, the remainder disappear in 2 to 3 years.

POSSIBLE COMPLICATIONS

- Spread to other body parts.
- Secondary infection of a wart.
- Recurrence of warts after treatment.

TREATMENT

GENERAL MEASURES

- Cryotherapy (freezing cells to destroy them). This is an office procedure that doesn't require anesthesia or cause bleeding. Freezing stings or hurts slightly during application, and pain may increase a bit after thawing. Two to 5 weekly treatments are sometimes necessary to destroy the wart.
- Electrosurgery (using heat to destroy cells). This treatment can usually be completed in one office visit, but healing takes longer, and secondary bacterial infections and scarring are more common.
- If you have electrosurgery, keep the treatment site clean with soap and water. Cover with an adhesive bandage, if you wish.
- If you have cryotherapy, a blister (sometimes with blood) will develop at the treatment site. The roof of the blister will come off without further treatment in 10 to 14 days. You should have little or no scarring. Wash and use make-up or cosmetics as usual. If clothing irritates the blister, cover with a small adhesive bandage. If the blister breaks, the fluid may have active virus and spread to other areas; wash with hot water and soap, dry and cover the area.
- For plantar warts, insert pads or cushion in the shoe to make walking more comfortable.

MEDICATIONS

- Topical drugs, such as mild salicylic acid may be pre-scribed to destroy warts. If so, follow package instructions.
- Tretinoin (retinoic acid) or benzoyl peroxide may be prescribed to help in treating warts.

ACTIVITY

No restrictions.

DIET

No special diet.

NOTIFY OUR OFFICE IF

- You or your child has warts and you want them removed.
- After removal by cryosurgery or electrocautery, signs of infection appear at the treatment site.
- After treatment, fever develops.
- Warts don't disappear completely after treatment.
- Other warts appear after treatment.

Adapted from Instructions for Patients, Sixth Edition, H. Winter Griffith, M.D., W.B Saunders Company.