

VERRUCAE AND WARTS



Adapted from advice from the Society of Chiropodists and Podiatrists:

WHAT IS A VERRUCAE?

A verruca is a wart caused by the human papilloma virus (HPV) and is usually found on the soles of your feet (though they can also appear around the toes and elsewhere on the foot). In the early stages, a verruca looks like a small, dark, puncture mark. It may become rough and bumpy with a cauliflower-like appearance and may develop black spots in the middle, which is caused by bleeding. The HPV is very contagious, but can only be caught by direct contact. It is a virus we carry on our skin but if there are any tiny cuts or abrasions this may allow the virus to penetrate to deeper skin levels, where it can subsequently replicate. It may be passed on from person-to-person via communal changing room floors, from sharing towels, or via infected footwear.

Verrucae tend to be common in children, especially teenagers. However, for unknown reasons, some people seem to be more susceptible to the virus, whereas others appear to have some natural immunity. If you have a suppressed immune system, or have been taking steroids, this will increase your chances of having a verruca or make it harder to eradicate. One in ten people will have a wart at some point in their life, most commonly in childhood or adolescence. Warts and verrucae are usually harmless and go away by themselves, with up to 90% disappearing within two years in children (this may be longer in adults, however).

WHAT IS THE DIFFERENCE BETWEEN A CORN AND A VERRUCAE?

A verruca is a viral infection, whereas a corn or callus are layers of dead skin. Verrucae tend to be painful to pinch, but if you're unsure, your podiatrist will know. It is possible to minimise your chances of catching a verruca by keeping your feet clean and dry, and covering up any cuts or scratches. If a verruca does appear, avoid touching or scratching it as it may spread into a cluster of several warts. Instead, cover it up with plaster. Do not self-treat if you have diabetes or circulation problems. However, if you are fit and healthy, it's fine to treat yourself with over-the-counter gels and ointments. If, at any stage, your verruca becomes painful or the surrounding skin goes red, stop treatment immediately and see a podiatrist. If you damage the healthy tissue that surrounds the wart tissue you could hamper further treatment.

Verrucae often disappear in time (fought off by your immune system); the general policy in the UK is to only treat them when they are causing pain. If yours is causing pain, there are a number of treatment options available – though no one particular treatment can guarantee a cure. A review of treatments in the British Medical Journal (August 2002) concluded that the safest and most effective treatments were those containing salicylic acid. This acid is applied to the wart to

disintegrate the viral cells and has a cure rate of 75%. It may need to be applied at weekly intervals over a set period of time.

HOW DO I TREAT MY VERRUCA?

Topical medicines

There are many options for treating these lesions, which you can buy at your local pharmacy. Many of these commonly contain an ingredient called salicylic acid (e.g. Bazuka gel). This is a chemical that acts slowly and helps by softening the hard outer layer of your wart. Soak your wart for five to 10 minutes and then follow the instructions on your medication. If you use this treatment, make sure you only apply it to the wart and try to get as little as possible on the surrounding area as it can cause irritation to your healthy skin. You may need to use this treatment for up to three months. If you suffer from eczema, you may find your skin is more sensitive to salicylic acid, but you can probably still use it on the soles of your feet. You should not use acids if you have diabetes.

Other treatments

Cryotherapy is the process of freezing your wart. The liquid nitrogen is applied by a practitioner to the wart using either a spray, or via a cotton bud. It will take between five and 30 seconds to freeze your wart depending on the technique used and the size and location of your wart. Over-the-counter freezing sprays, however, are rarely successful. Cryotherapy may need to be repeated every three to four weeks. It can be painful and sometimes lead to blistering or scarring of the skin. As a result, it isn't usually recommended for children. It is also inadvisable to apply cryotherapy if the site of the lesion is over a tendon, or if you have a poor circulation – your podiatrist will be able to advise you.

It is important to bear in mind that cryotherapy to the sole of the foot can be painful and also lead to blistering. Surgical removal of warts or verrucae cannot get rid of the underlying HPV, which is the causative organism. It's therefore unreliable in removing the infection and thus there is a danger that the warts may return. However, surgical removal may be recommended in certain circumstances.

This leaflet has been written to help you understand more about the problem with your foot. This leaflet is not a substitute for professional medical advice and should be used in conjunction with verbal information and treatment given.