

13.7 Preparations for warts and verruca
Salicylic acid

Condition definition

Cutaneous warts (common warts, verruca vulgaris) are small, rough skin-coloured lesions affecting the epidermis of the skin and caused by infection with human papilloma virus (HPV). HPV infects epithelial cells and viral replication results in proliferation of the cells with the formation of the typical warty papule or plaque. The clinical appearance of warts is variable and depends to some extent on the type of HPV involved and the site of infection.

Warts are diagnosed from their typical appearance:

Common warts: firm and raised with a rough surface that resembles a cauliflower (common on knuckles, knees, and fingers).

Plane warts: round, flat topped, and yellow (common on the backs of hands).

Filiform warts: long and slender (common on the face and neck).

Plantar warts (verrucae): grow on the soles of the feet; they often have black dots in the centre and may be painful.

Mosaic warts occur when palmar or plantar warts coalesce into larger plaques on the hands and feet.

To view images of skin conditions www.dermis.net

Molluscum contagium (a self-limiting condition) can be confused with common warts and presents as white umbilicated papules, often with a central depression.

Warts may regress on their own and treatment is required only if the warts are painful, unsightly, persistent or cause distress.

Who can be treated under this protocol

Patients aged over 2 years with a wart or verruca on the hands or feet which matches the above conditions for treatment.

When to advise patients to contact their GP

- Immuno-compromised/suppressed patients (sudden appearance/large numbers)
- Bleeding of the growth.
- Itching in the area of the growth or on the growth itself.
- Warts other than those on the hands or feet.
- Change in the appearance of the growth with change of size or colour.
- Multiple warts covering large areas.
- Failure of previous over the counter treatment following three months of an appropriate treatment.

- Children under 2 years of age.
- Patients with diabetes

Recommended Treatments

First choice – No treatment

Second choice – Salactol® Paint

Third choice – Occlusal® Cutaneous Solution

See BNF for further details on Salicylic acid preparations

Treatment selection criteria

For most people there is a strong case for not treating warts or verrucae.

- Warts do not usually cause symptoms.
- Most warts resolve spontaneously within months or, at the most, within 2 years.
- Treatment may be prolonged and can have adverse effects.
- Cryotherapy requires several clinic visits, can be painful at the time of application, and may cause pain, blistering, infection, and depigmentation.
- Topical salicylic acid may require administration for up to 12 weeks and can cause local skin irritation.

Consider treatment if:

- The wart is painful (for example on the soles of the feet or near the nails).
- The wart is cosmetically unsightly
- The wart is persisting.

N.B. Occlusal® should only be used in patients with a known allergy to colophony which is contained in the second choice preparation. It is wise to use the third choice product in patients who are allergic to elastic adhesive plasters.

Counselling points

- Although warts can be cosmetically unsightly, they are not harmful; usually they do not cause symptoms, and resolve without treatment.
- Warts are contagious, but the risk of transmission is thought to be low.
- Some swimming pools/sports centres will require children to wear verruca socks. Advice should be sought from the leisure centre, but children should **not** be discouraged from participating in activities. However, it is sensible to consider measures to reduce the risk of transmission:
 - Cover the wart with a waterproof plaster when swimming.
 - Wear flip-flops in communal showers.
 - Avoid sharing shoes, socks, or towels.
- Treatment must be applied daily and can typically take up to three months or longer for the wart to clear. The majority of warts clear within 2 years.
- Once or twice a week, rub off the dead tissue from the top surface of the wart with a suitable nail or foot file reserved for this purpose.
- Soak the affected area in warm water for five minutes prior to applying the treatment.

Counselling points cont.

- Protect the surrounding skin by applying the treatment carefully or cover the surrounding area with petroleum jelly or a plaster designed for the purpose. If the application becomes painful, treatment should be withheld for a few days then recommenced.
- Never apply the treatment to any area of the body other than the hands or feet.
- Occlusion of the wart may help with treatment and so it may help to cover the wart with a plaster especially if the patient considers the wart to be unsightly.
- Limit personal spread (auto-inoculation) by:
 - Avoiding scratching lesions.
 - Avoiding biting nails or sucking fingers that have warts.
 - Keeping feet dry and changing socks daily.

Patient Information Leaflet from patient.co.uk to be supplied.

<http://www.patient.co.uk/health/Warts-and-Verrucas.htm>

Further Information from NHS Choices

<http://www.nhs.uk/Pages/HomePage.aspx>