

Please provide the patient with plantar warts information leaflet by the British Association of Dermatologists. This can be found on their website: <http://www.bad.org.uk/for-the-public/patient-information-leaflets>

Most patients with viral warts can be managed in primary care. There are numerous treatments for warts e.g. cryotherapy, salicylic acid, duct tape) and used singly or in combination they often have little evidence base for their use and produce similar results. Consider no treatment as warts usually resolve spontaneously (90% in children within 2 years).

Common Hand Warts

- Self-treatment DAILY with destructive agent- salicylic acid (up to 26% e.g. Occlusal® soln) paint or glutaraldehyde (e.g. Glutarol® soln) (can be purchased over the counter) AFTER paring the warts (suggest cheap single use emery board bought in bulk-discard after use)
- Continue DAILY treatment for at LEAST 3 months
- If no response consider;
 - o Occlusion with waterproof plaster/duct tape after application of wart paint and paring
 - o Monthly cryotherapy if available (after paring) or via chiropodist
 - o Cryotherapy (if available)+occlusion and wart paint



Deep plantar wart /mosaic plantar wart

- Issue patient with written information from British Association of Dermatologists: <http://www.bad.org.uk/shared/get-file.ashx?id=176&itemtype=document>
- Self-treatment with DAILY salicylic acid paint (up to 50% e.g. Verrugon® oint. OD) AFTER paring the warts (suggest single use nail file bought in bulk-discard after use)
- Continue DAILY treatment for at LEAST 3 months
- If painful, advise using a corn plaster to relieve.
- If no response consider;
 - o Occlusion with waterproof plaster/duct tape after application of wart paint and paring and change every 4 days.
 - o Monthly cryotherapy if available (after paring)
 - o Cryotherapy (if available)+occlusion and wart paint



Plane Warts

- Plane warts often resolve spontaneously
- Avoid cryotherapy (risk scarring)
- Apply topical retinoic acid if persistent (aiming to cause irritation and thus resolution)



Filiform facial warts

- Do not apply wart paints
- If available gently cryotherapy repeated every 2-3 weeks* (*experience required to avoid scarring)
- Consider routine referral if no cryotherapy available and significant distress



Warts around the nail

- **Avoid cryotherapy** around the proximal nail fold (near the cuticle) as this may damage nail apparatus and result in scarring / permanent loss of nail
- Self-treatment with DAILY salicylic acid paint (up to 50% e.g. Verrugon® oint OD) AFTER paring the warts (suggest single use nail file bought in bulk-discard after use)



Tips for diagnosis:

- If diagnosis uncertain pare down until pinpoint bleeding of exposed capillary loops is seen
- Differential diagnosis includes other keratotic lesions on the hands and feet
 - e.g. actinic keratosis, knuckle pads, SCC or focal palmoplantarkeratoderma.
 - On the feet differential includes corns, calluses or callosities; paring will be helpful
- Warts may be the presenting feature of immunosuppressed states including lymphoma, HIV so prolonged or multiple large warts should prompt consideration of underlying immune deficit and appropriate screening. Treatment of warts in this group is unlikely to be curative but may reduce size.

Tips for treatment:

- Use topical treatment at night
- Consider applying Vaseline or similar to surrounding skin to decrease irritation.
- Painful treatments such as cryotherapy are unlikely to be tolerated in children and most will clear spontaneously within 1-2 years
- Do not use salicylic acid on the face
- If the wart becomes painful as a result of treatment, pause treatment for a few days before restarting
- When treating the wart dispose of skin filings hygienically and do not use the emery board elsewhere to avoid spreading the warts
- Cryotherapy should be used by appropriately trained staff
- If diagnostic doubt refer to secondary care particularly in the elderly
- Apply topical treatment regularly for the best chance of cure
- There is not known to be any evidence of better response to cryotherapy vs. occlusion in children
- When applying duct tape consider changing every 4 days, keep dry when bathing and wear a sock in bed.