

Warts.

Hilliard Pediatrics, Inc. – Dr. Tim Teller, M.D. – 05/13

Introduction.

Warts are a **viral infection** of the skin passed from person to person. It is certain strains of the **human papilloma virus** that cause warts (not the same strains that cause cervical cancer; the Gardasil vaccine that helps protect against cervical cancer does not help protect against warts). Warts can appear many places on the skin, but the feet, hands, and knees are the most common areas. Some people are prone to warts and get them more often than others, while some people will never get a wart. Common ways of getting exposed to warts is through contact with others. You do not need to actually touch the person's wart, just touch something that the wart touched – a mat at gymnastics or martial arts class, the area around a pool, a tub or shower, a toy, a play area, etc. All of us likely get exposed to warts in our lifetime. If someone does have a wart or warts, the chances of spreading it to someone else is small, but it sure can happen.

Expected course.

Warts typically last a **few months to 2-3 years** if left untreated. They can spontaneously clear up as your immune system “kicks it out” on its own. Most people only develop one to a few warts at a time, however some children and adults will have many more – as many as 20-30 at a time. There are some people that will never have a wart.

When to treat.

Since warts can improve with time, treatment is not necessary. We generally recommend treating the warts if they are **painful**, in a **cosmetically important** area, or **spreading**. So if a wart or warts are not bothering someone and not spreading, it is fine to watch – even for a couple years.

How to treat warts.

Sometimes warts will respond quickly to any treatment, while other warts will stubbornly refuse to get better after multiple treatments. We have had families tell us that a wart went away after only a couple weeks, while sometimes they will barely respond to multiple treatments by the pediatrician or dermatologist. Although the chances of any treatment working are at least 50%, **no treatment is guaranteed to work**. It may make take a few weeks of an over-the-counter treatment or an in-office treatment to work. We treat warts the same, whether it is on the foot (“plantar” wart), the hand, or someplace else.

First, try an **over-the-counter treatment**. There may seem like there are too many choices when you stand in the ‘Foot Care’ aisle of the pharmacy, but there are two real choices. The first is treatments that try to kill the virus through freezing. The other is medicines that try to kill the virus with chemicals, such as salicylic acid. The **freezing treatments** need for a child to sit still for a short time while the cold is applied to the wart area, often with a cotton swab. These treatments can sting during the treatment and for a short time afterwards. Follow the instructions for treatment from the packaging. Examples of these over-the-counter products are Dr. Scholl's® Freeze Away or Wartner® Freezing Wart Remover. The wart, after freezing,

may take 2-3 weeks to gradually fall off. It may come off gradually in small pieces of dead skin or fall off in one piece. The **chemical treatments** work by having the chemical work itself into the wart and gradually killing the virus. Although it may not say this on the over-the-counter package, it may be necessary and is certainly safe to do the chemical treatments for 3-4 months. The wart is most likely to gradually get smaller and then go away with these chemical treatments. Both the medicated patches and the liquid have a good chance of working. These sting less than the freezing treatments, can be tender when the patches are taken on and off, and you definitely need to be patient to wait for the medicine to work. Follow the instructions on the package. Examples of the chemical treatments are Duofilm® Patch for Kids, Duofilm® Wart Remover Liquid, Dr. Scholl's® Clear Away Wart Remover Medicated Discs, and Compound W® Wart Remover Pads. All of these medicines contain salicylic acid. One benefit of the pads is that as the pads are removed, dead skin is also removed. Having the dead skin gradually thinned down helps the chemical work down into the wart. Another treatment is to use **duct tape**. This is cheap and in some studies was as effective as the other treatments. It is thought to work by not letting the wart breathe, which causes our immune system to help kill the wart. To use duct tape to treat a wart involves cutting a small piece of duct tape to fit over the wart. Then cover the wart with a band aid or a piece of tape. If the duct tape falls off, put another piece on. Wear it full time, Monday through Saturday. On Sunday, leave the duct tape off the whole day and soak the wart for 20-30 minutes in warm water. After drying the area, use a pumice stone or nail file to remove dead skin that has loosened from the soaking. Leave the duct tape off on Sundays, but continue to use the duct tape every Monday through Saturday until the wart is gone. This may take 3-4 months.

If the over-the-counter treatments are not working or you would like us to treat here, we can use our in-office treatment called **Histofreezer®**. This is a freezing treatment that is available only to physician offices and it is stronger (colder) than what is available over-the-counter. Because it is stronger, it is more likely to sting while we do it and may sting afterwards for a day or two. It very rarely causes a blister to form at the area. It is not the liquid nitrogen that is used at many dermatology offices which is stronger and stings more. Depending on the wart, we typically treat with the Histofreezer® for 1-2 minutes at a visit. More than one visit may be necessary. If the wart is not improved or gone, another visit in 2 weeks or more to re-treat may help the wart go away. If you would like to treat with an over-the-counter liquid or medicated patch after the Histofreezer, wait 2-3 days. It may help the wart go away faster.

Occasionally someone asks us about “cutting out” or “freezing off” the wart so that it would be gone “right away”. This would cause too much pain and scarring. Occasionally a podiatrist will recommend a wart be treated by cutting them off, however.

When a wart is not gone and the above treatments have not worked, we refer you to a dermatologist, the skin specialist. They have other treatments available for treating warts. Please remember more than one visit may be needed. For names, numbers, and addresses of dermatologists we recommend, please see our Referrals to Pediatric Specialists handout or discuss it with us here in the office during regular office hours.

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