The Common Wart (Verruca Vulgaris)

DIAGNOSIS:

The common wart is a discrete, benign, epithelial hyperplasia that tends to manifest as papules and plaques with cleft surfaces. They are caused by certain types of human papilloma virus (HPV) that commonly infect keratinized skin, usually at sites of minor trauma.

Immunocompromise such as HIV disease or during immunosuppression following organ transplantation is associated with an increased incidence of and more widespread cutaneous warts.

- Firm papules, 1-10mm. The surface may be cleft or warty. Plantar warts (on the soles of the foot) are usually flat; they may coalesce into patches.
- Warts usually cause the normal skin lines to deviate around them.
- Characteristic red dots that represent thrombosed capillaries within the wart. May require paring to see.
- Sites of predilection, sites of trauma: hands, fingers, knees.

REFERRING PROVIDER:

- Duct tape occlusion QHS
- Liquid nitrogen to wart 4-6 weeks until resolution
- 40% salicylic acid plaster (Mediplast, available OTC). Have patient apply it continuously for 3 of every 4 days.

If no resolution after several months, additional modalities as follows:

- 40% salicylic acid plaster under duct tape occlusion QHS
- Topical imiquimod (Aldara) QHS under occlusion in addition to liquid nitrogen therapy 4-6 weeks.

WHEN TO REFER:

- Not responding to above treatment modalities

NOTE:

Warts are gone when skin lines are not deviated. For plantar warts, proper assessment may require paring to avoid unnecessarily treating dead wart tissue.