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.

Common wart – typically occur on the hands (palmar warts), elbows, and knees, but can occur anywhere. The appearance is firm, rough, keratotic papules and nodules.

Plane wart (flat warts) – typically occur on the hands, face, and legs, usually in young children (rare in adults). These warts are flat-topped papules with minimal scaling.

Plantar warts (verrucas) – Occur on the soles of the feet, as well as heels and toes. Can be overlying the metatarsal heads, but also consider calluses in pressure-point areas. Verrucas appear as sharply defined, rough, keratotic lesions with a smooth collar of thickened skin. Punctuate black dots (thrombosed capillaries) are seen if the surface is rubbed away.

Mosaic warts – Occur when palmar or plantar warts coalesce into larger plaques.

To view images of skin conditions [www.dermis.net](http://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 2 years and over 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 0-1 years of age.
Recommended Treatments

<table>
<thead>
<tr>
<th>First choice – No treatment</th>
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<tr>
<td>Second choice – Salactol® Paint</td>
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<tr>
<td>Third choice – Occlusal® Cutaneous Solution</td>
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*eBNF entry for salicylic acid*

Treatment selection criteria

**No treatment may be best**, as warts do not usually cause symptoms, most resolve spontaneously, and treatment can cause adverse effects (such as local skin irritation). **Treatment may be preferred if** the wart is painful or cosmetically unsightly, or if it is persisting. 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

- Verrucae may be contagious and 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 towels.

- About 50% of warts will disappear without treatment, but this can take a considerable length of time. With treatment it can take up to three months or more for the wart to clear.
- Treatment must be applied daily.
- 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.
- 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.

Patient UK Summary Leaflet to be supplied.

*Warts and Verrucas*