

# Warts (verruca vulgaris) and what to do about them

Warts are common viral infections caused by the human papilloma virus (HPV). There are many different strains of this virus causing different types of warts and specific tests are usually not necessary.

# **▼ COMMON "IN-OFFICE" WART TREATMENTS**

### **CRYOTHERAPY**

This is a cold spray (usually liquid nitrogen) used to freeze the wart. It may cause a blister.

# **CANDIDA ("YEAST") ANTIGEN INJECTIONS**

These are extracts of the common yeast (candida) that cannot cause an infection. The medication is injected into/under the wart. It is thought to stimulate the immune system to recognize the wart virus and attack it. Multiple injections are needed about one month apart.

### **PARING**

Scraping or filing down a wart can help make other wart treatments more effective.

Other less common office treatments include laser treatment and contact immunotherapy (DPCP, squaric acid).

# **▼ COMMON "AT-HOME" WART TREATMENTS**

## **OVER-THE-COUNTER WART TREATMENT**

Salicylic acid liquid, pads or tape (e.g., Dr. Scholl's, Compound W, Duofilm, Mediplast)

- » Soak the warts in warm water for 5 minutes every night.
- » Gently file the surface of thick warts with a nail file or pumice stone used only for this purpose. Remember, warts are a virus that can be spread!
- » Apply the wart medicine directly to the warts, avoiding the normal skin (applying petroleum jelly to surrounding skin can help protect it).
- » Cover the wart medicine/pad/tape with duct tape. If using liquid salicylic acid, make sure it dries completely before applying the duct tape.
- » Leave the tape in place at least overnight or, if possible, for 24 hours.
- » Repeat these steps nightly until the wart is gone (which can take 2-4 months).
- » Expect the skin of the wart to appear moist and white during treatment. If the skin becomes too irritated, then take a treatment break.
- » Do not use this medicine on the face or groin area unless instructed to do so by your physician.

# THE FACTS:

- **1.** Warts are much more common in children than adults.
- 2. Warts can go away without treatment as our own immune system learns how to fight them. About 60% of warts will disappear within about 2 years.
- 3. There are many possible ways to treat warts and, sometimes, several different treatments are needed to get the warts to go away completely. There is no single perfect treatment for warts, and successful treatment can take many months. Your health care professional will help you find the right treatment tailored to your individual needs.
- **4.** For in-office treatments, multiple visits are usually required.

# COMMON "AT-HOME" WART TREATMENTS (CONT.)

### PRESCRIPTION TREATMENTS

- » Retinoids (adapalene, tretinoin, tazarotene), 5-fluorouracil (Efudex) or imiquimod (Aldara) creams are sometimes used to treat flat warts or warts on the face and other sensitive anatomical areas. They are usually applied directly to the warts once a day for 2-4 months and can be irritating. These treatments should only be used as directed by your health care provider.
- "Compounded" wart formulations containing agents such as salicylic acid, cantharidin, 5-fluorouracil and other agents may be used to treat warts. These products can be irritating and may not be covered by insurance. Generally, they should not be used on the face or groin area and should only be used as directed by your health care provider.
- » Systemic treatment with oral cimetidine (Tagamet) may help boost the immune system against the wart virus in patients, some of the time. Initiation of cimetidine therapy should *only* be done under the supervision of your health care provider, who can discuss possible side effects and drug-to-drug interactions of this specific treatment.

The Society for Pediatric Dermatology and Wiley-Blackwell Publishing cannot be held responsible for any errors or for any consequences arising from the use of the information contained in this handout.



Contributing SPD members:
Amanda Cyrulnik, MD
Brandi Kenner-Bell, MD
M. Amjad Khan, MSc (Derm), MRCPCH (UK)
Liborka Kos, MD
Sarah Stein, MD
Megha Tollefson, MD

Committee Reviewers: Andrew Krakowski, MD Aimee Smidt, MD

**Expert Reviewer:** Magdalene Dohil, MD