



VERRUCA AND WARTS

WHAT WARTS & VERRUCAE?

Most people develop one or more warts at some time in their lives, usually before the age of 20. About 1 in 10 people in the UK have warts at any one time.

Almost as many as 1 in 3 children or young people may have warts. They are not usually harmful. Sometimes verrucae are painful if they press on a sensitive part of the foot.

Verrucae are just warts that occur on the feet. They only look different because as we walk the warts become compressed whereas on the hands for example, they tend to form fleshy outgrowths. Verruca are a caused by a specific type of virus, papilloma virus. The virus is typically found on floors especially swimming pools and changing areas. The virus can then, if you're unlucky, be picked up and pass through the outer layer of your skin into the growing cells.

Unlike bacteria, viruses work by invading the cells of the body and re-programming them. Once inside the cells of the growing layer of your skin the virus get to work. Here they multiply and cause the growing layer of your skin to produce cells much more quickly than normal. The end result on the foot is the typical area of thickened skin which very often has black dots visible. These black dots are the blood vessels within the skin which grow up inside the verruca.



ARE WARTS AND VERRUCAE CONTAGIOUS?

YES, however, the risk of passing them on to others is low. Because close skin-to-skin contact is needed to pass the virus on. You are more at risk of being infected if your skin is damaged, or if it is wet and macerated, and in contact with roughened surfaces. For example, in swimming pools and communal washing areas.

CAN YOU SPREAD WARTS TO OTHER PARTS OF THE BODY?

You can also spread the wart virus to other areas of your body. For example, warts may spread round the nails, lips and surrounding skin if you bite warts on your fingers, or nearby nails, or if you suck fingers with warts on. If you have a poor immune system you may develop lots of warts which are difficult to clear. (For example, if you have AIDS, if you are on chemotherapy, etc.)

WHEN SHOULD I SEEK TREATMENT OR ADVICE?

For most people especially, children the body's own immune system does eventually destroy the verrucae itself. Generally, we would not advise seeking treatment unless the lesion is painful,



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spreading or has been present for more than six months. This can be why some simple treatments can seem to work well. It is just that the verruca would have resolved anyway.

REMEMBER IN MOST CASES THE VERRUCA WILL GO AWAY WITHOUT TREATMENT

CAN I PREVENT GETTING THESE LESIONS?

The virus always enters through the skin so to protect yourself take these simple steps.

- Wear flip flops in changing rooms and poolside
- Don't share shoes with other people
- If you have a verruca, keep it covered, don't share the infection

TO TREAT OR NOT TO TREAT

There is no need to treat warts if they are not causing you any problems. Fifty percent of children with warts will find they have disappeared within a year without any treatment. Seventy percent will have gone within two years. The chance that a wart will go quickly is greatest in children and young people. Sometimes warts last longer, particularly in adults. In some cases warts may take between 5 and 10 years to clear. Treatment can often clear warts more quickly. However, many treatments are time-consuming, and some can be painful. Parents often want treatment for their children; however, children are often not bothered by warts. In most cases, simply waiting for them to go is usually the best thing to do. Verrucae are more likely to need treatment because they often make walking painful: the verruca is pressed into the sensitive flesh of your foot when you stand or walk.

WHY MIGHT VERRUCAE REQUIRE TREATMENT?

On balance it is usually only worth treating a wart or verruca if it is troublesome. For example, if it is painful or you find it ugly and conspicuous or perhaps if it is spreading.

HOW DO MOST OLDER TREATMENTS WORK?

Because the viruses live inside the body's cells the body can sometimes fail to recognise infection is present and this allows the virus to do its damage unhindered. Most treatments attempt to physically destroy the verruca but at the same time minimizing any damage to surrounding skin. They involve things like medicated plasters, strong acids to burn the verruca, freezing with liquid nitrogen or cauterizing (burning) the lesion. The picture below is of a patient treated with "acid therapy"



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The acid has caused skin damage well beyond the margins of the lesions themselves.

CRYOTHERAPY

Freezing warts may also be effective using liquid nitrogen which is sprayed on or applied to the wart. Liquid nitrogen is very cold (approx. -190°C) and the freezing and thawing destroys the wart tissue. To clear the wart fully it can need up to 4-6 treatment sessions, sometimes more. Each treatment session is a couple of weeks or so apart.

Freezing treatment is often quite painful. Sometimes a small blister develops for a day or so on the nearby skin after treatment. Also, there is a slight risk of scarring the nearby skin or nail or damaging underlying tissues such as tendons or nerves. It is not suitable for younger children or for people with poor circulation.

Again, the studies done on freezing treatment vary considerably in their results. Some seem to show it is more effective than salicylic acid; others show it does not have any convincing benefit

Over-the-counter freezing kits do not reach the same degree of coldness as liquid nitrogen. They are probably less effective, although again the results of studies are not totally clear.

ELECTROSURGERY

Electrosurgery is an established treatment which uses an injection of local anaesthetic before treatment begins. A probe is held against the corn or the verrucae, the probe creates radio waves causes evaporation of the cell contents. This forms a hard plaque which is then removed with a scalpel. This technique enables the corn / verruca to be removed a lot deeper than usual.

On the day of the procedure you should eat and drink as normal. You will be awake for this procedure, which involves the administration of local anaesthetic injection adjacent to the nerves supplying the area to be treated.



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After debridement and cautery the area is then dressed. You should ALWAYS arrange for transport as it will not be safe for you to drive directly after this procedure. The appointment time required for this treatment is one hour, to one and a half hours. It is advisable to rest the foot for the remainder of the day of the procedure and the following day as much as possible, however most patients are able to return to work after 24 hours. A follow up appointment 1-2 days later is required for the wound to be redressed. The wound must be kept covered and remain dry for 1 week.

After the procedure you can expect some post-operative discomfort, which is usually relieved with your normal pain killer. The wound is usually dry with a scab formation within 2 weeks. Healing takes place over the next few weeks, depending on how much rest you are able to take, and provided the wound remains free from infection. The wound normally forms a scab 10-14 days post-op, depending on the size of the wound. You may have to return to your Podiatrist in four to six weeks to have any remaining scab reduced.

The majority of verrucae cases are completely eradicated in one treatment (70%) with the remaining lesions requiring a further treatment.

SWIFT MICROEMBLATION

Swift is a pioneering new microwave therapy for skin. With treatment times in seconds, Swift a new, precise and easy way of treating verrucae. Swift uses microwave energy which is delivered through a special probe applied to the skin to treat the affected tissue. Unlike freezing treatments (cryosurgery), Swift is virtually pain free and requires no injections. Most patient experience no more than a “scratch-like” sensation. This makes it an ideal treatment for children.

Nearly all other treatments result in a blister or open wound which limits what you are able to do after treatment. With Swift there is no visible damage to the skin and patients are able to go about their normal activities. Most patients will require between two and four treatments but this is dependent on how you respond to treatment. These can be from 14 days to over a month apart depending on the response. This is new treatment which delivers microwave energy is directly to the site of the verruca using a hand-held probe. It sends microwaves to a precise and predetermined depth leaving surrounding tissue undamaged. It targets water molecules within the skin creating heat which destroys the infected cells.





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Despite this being a new treatment the results are looking very impressive at the moment. Older treatments are successful about 50-60% of cases. Swift treatment looks to be more like 70- 80% successful and has none of the problems associated with older treatment methods.

In summary try to avoid catching these troublesome infections by wearing protection in areas like changing rooms and swimming pools. If you do get a verruca it will probably go away by itself. Be careful with medicated plasters as they often contain acids which can burn healthy skin. If you are diabetic get professional advice and don't use medicated plasters. If your verruca is persistent then you might want to consider active treatment. In my practice we now only offer Swift because of the excellent results.

RISKS OF TREATMENT

All treatments from hair colouring through to hip replacements carry risk. Although great care is taken with the operation and aftercare, a small number of people may have a less than perfect results due to problems such as:

1. Recurrence of the verruca
2. Infection minor and serious
3. Scarring from some treatments

NO verruca treatments offer 100% cure rates despite what claims may be made. My information leaflet is here to provide honest practical advice.