**Advice on the management of warts and verrucae**

A wart is a fleshy growth on the skin caused by infection with the human papilloma virus (HPV.) Verruca is another name for a wart on the sole of the foot. About 1 in 10 people have a wart at any one time and almost everyone will have a wart at some point in their lives.

Natural History

The wart virus is spread by direct skin contact or by touching contaminated water e.g swimming pool floors. It can take several months for the warts to appear. Picking, scratching and nail biting can cause the warts to spread.

General advice for ordinary viral warts and verrucae is to expect natural resolution to occur, although this may be over a lengthy period of time. There is no good evidence that cryotherapy is more effective than topical salicylic acid preparation when used regularly. Pain is usually as a result of the hyperkeratosis associated with verrucae and keeping the hard skin pared down is required to improve pain relief. Topical salicylic acid preparations may be used on appropriate lesions. Consistent treatment may be required for many months.

Treatment

The most successful treatment in all the trials to date is the application of **salicylic acid** which destroys the thickened skin which makes up the wart. It can be bought over the counter. If used properly, it can cure 75% of warts in 3 months.

Tips for successful treatment:

* Protect the surrounding healthy skin with corn plasters or petroleum jelly.
* Apply daily after washing.
* Prior to application remove the top layer of dead skin (see above)
* Continue until you reach your root which contains small red blood vessels.
* Stop for a few days if the skin becomes sore.

This treatment should not be used by diabetics or people with poor circulation.

Facial warts are not treated with salicylic acid preparations but can be treated effectively with cryotherapy in suitable children (unusual for this to be possible under the age of 5 years but it is dependent on the individual.) However, these are also now regarded as a referral exclusion.

**Duct tape** is another safe, simple treatment which ahs been shown tow work. The wart should be occluded with the duct tape for 6 days a week and then the dead skin removed when the tape is changed. This should be continued for 2 months.

**Cryotherapy** (freezing the wart with liquid nitrogen) is the least successful treatment and potentially the most hazardous as it causes pain and blistering which can last for days and there is a risk of scarring. We therefore recommend this is only used as a last resort when salicylic acid and the duct tape have been used properly without success and the wart is causing significant problems. Cryotherapy treatments are available over the counter at pharmacies.

All viral warts (unless the patient is immunocompromised) including molluscum contagiosum are a referral exclusion under the Value Based Commissioning Policy unless a successful Independent Funding Request has been obtained.