

Verruca Advice Sheet

What is a verruca?

A verruca, sometimes called a plantar wart, is simply a wart that is usually found on the soles (plantar surface) of your feet, though they can also appear around the toes. Like all warts, they are caused by the human papilloma virus (HPV), which is very contagious, but can only be caught by direct contact. As the virus is opportunistic you are most likely to contract it when you are immunosuppressed, so when you are young and your immune system has not fully developed, when you are old and your immune system is not as strong as it was in adulthood, or if you are ill. You are also more likely to contract the virus when the skin is compromised (so if you have small cuts and abrasions in the skin). These are exacerbated when the skin is moist, for example when you go swimming, so it is important for those who are already infected to not walk barefoot in public areas such as swimming pools and communal showers. I would also recommend this as a preventative measure for those uninfected to remain that way!

Epidemics of verrucas sometimes break out among people who share gym or athletic facilities or who engage in group activities where bare feet are the rule, such as yoga and martial arts.

In the early stages, a verruca looks like a small, dark, puncture mark but later turns brown/yellowish in colour. It may become rough and bumpy with a cauliflower-like appearance and will most likely develop black spots. These are tiny capillaries that the verruca sends out to your blood vessels which supply them then with nutrients and allow them to grow. It is also the reason that verrucae's bleed when you par them with a scalpel. A verruca can grow to half an inch in diameter and may spread into a cluster of small warts (this is known as a mosaic wart).

As verruca are generally found on the soles of the feet, the pressure from walking pushes them into the skin, which can make them painful, especially if they become large.

Like all warts, they are harmless (albeit contagious) and may go away without treatment, however this can take up to two years or more in adults. My advice, if its not causing pain or discomfort, and isn't spreading, then I would leave it alone and it *should* disappear. If it doesn't, or it is causing you pain or discomfort then read on.

How do I treat it?

Sadly there is no one treatment that consistently works every time, and for every case. There are over one hundred different HPV's which result in verruca so as you can imagine, what works for one verruca may not work for another, and what works for one person one time may not treat a second verruca that appears at a later stage. However, it's not all doom and gloom. There are a number of different treatments and methods which you can try, but I am afraid it is a little trial and error to see which treatment the verruca respond to.

Don't EVER self-treat if you are diabetic or suffer with circulatory problems.

DON'T use a pumice stone to rub away the top skin layers. All you are doing is reinfecting the area the next time you use it. Use cut up emery boards instead and throw away after each use.

NeafFeet

There are many **creams and gels** for treating verruca's, which you can buy at the pharmacy. Many of these contain an ingredient called salicylic acid. This is a chemical that helps by softening the hard outer layer of the verruca. If you use this treatment, make sure you only apply it to the verruca. Try to get as little as possible on the surrounding area as it can cause irritation to healthy skin. Use an emery board once or twice a week to remove any excess hard skin. You may need to use this treatment for a few months and it is imperative that you follow the manufacturer's guidelines.

Homeopathic remedies such as Calendula and Thuja tinctures have also had success in people who have not responded to treatments containing salicylic acid. Similar to the above, use an emery board to file away the dead skin, apply a few drops of tincture to a cotton wool bud (always use a fresh cotton bud end when applying treatments and never reuse the same end which has touched the verruca as you are just re-infecting the bottle with the viral cells). Cover the verruca with a plaster for a few hours to let the treatment soak into the skin. It is not necessary to keep the verruca covered as long as you do not walk barefoot. Repeat this treatment every 4 – 5 days.

The one treatment which seems to have the most success in the most people is **gaffa tape** (the grey tape with thread through it which roadies use to stick wires to the floor at concerts)...bare with me here! I personally think it is something in the adhesive which the virus does not like. Treatment is similar to above methods but goes as follows:

- Emery board away the dead skin;
- Apply treatment (salicylic acid/calendula tincture etc);
- Cover with a piece of gaffa tape;
- LEAVE ON FOR **THREE DAYS** SOLID – you can swim, shower, run etc, but leave it on permanently. If it come off, stick another bit on straight away (it shouldn't come off, its mighty sticky stuff!);
- On the evening of the third day remove the tape and file away the top layers of skin;
- LEAVE IT OFF **OVERNIGHT**;
- The next morning apply treatment (you can file it again if you wish but don't make it sore, purely as it will be uncomfortable to walk on);
- Reapply fresh gaffa tape and leave on for three days;
- Repeat this until the verruca disappears.

Cryotherapy involves freezing warts off with liquid nitrogen or nitrous oxide gas and is usually done by a GP or dermatologist. This needs to be done every one to four weeks for a few months before the verruca is fully removed. However, it can lead to soreness, blistering and/or scarring in some people. I must mention however that for this treatment to be affective all of the viral cells must be removed otherwise the verruca will just reappear. As the exact shape of the verruca within the skin cannot be known, it is therefore impossible to know when all of the viral cells have been removed and it is often a case of the doctor freezing larger areas of healthy cells in an attempt to ensure they have killed all of the viral cells. This method is painful when healthy cells are frozen and I would not recommend it for children. In certain circumstances, such as if your wart is over a tendon or you have poor circulation, cryotherapy may not be recommended

Other methods, including electro-surgery and laser surgery are also available but I have had no personal experience with either of these methods so do not feel comfortable detailing them in this advice sheet. You may want to speak to your GP about these alternatives if none of the above prove successful for you.