

Patient Information:

Warts

Common and Plantar

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What are warts? What causes them?

Warts are raised or flat growths on the skin caused by the human papilloma virus. Common warts occur most frequently on the hands, but warts can appear anywhere; plantar warts occur on the soles of the feet; and subungual/periungual warts appear under and around the fingernails and toenails. (Genital warts are discussed in a separate information sheet.)

Warts can be passed from one person to another by skin contact; however with an incubation period sometimes as long 20 months, it is not possible to identify "why or where you got your wart!" Plantar warts are more likely to be picked up by walking barefoot in public places, such as gyms, locker rooms, and showers.

Compared with the normal surrounding skin, warts may appear light or dark and usually have a rough surface. They tend to occur at sites of trauma on the hands, knees, elbows, fingers. Plantar warts are tender and can be very painful when walking due to their predilection for the weight-bearing areas of the foot. "Kissing" lesions may occur on opposing surfaces of the fingers/toes.

The "red dots," often visible in warts, are due to capillary thrombosis and distinguish a wart from a callous or corn. Normal skin lines are not visible extending through a wart; whereas, a callous will have the normal skin lines visible.

Do warts need to be treated?

Most warts eventually disappear without treatment, although it can sometimes take a couple of years. Warts, except for genital warts, are benign; however, people opt to have their warts treated because they think they are unsightly or they are having discomfort due to the location of the wart. Treated or not, warts that resolve can reappear. The reasons why some disappear on their own and some reappear after being treated are not known.

TREATMENT

- **OVER-THE-COUNTER (OTC):** Salicylic acid preparations, such as Compound W. You must apply it every day for many weeks. After you take a bath/shower, dry the area lightly, then apply the acid. (The medication sinks in deeper and works better when applied to damp skin.) The next day before showering, use an emery board or pumice stone to file away the dead surface of the wart(s). This treatment requires diligence and patience! Do not apply the OTC products to the face or genital area.
- **LIQUID NITROGEN (CRYOTHERAPY):** A practitioner will apply liquid nitrogen either with a Q-tip or an instrument that "shoots" the liquid nitrogen onto the wart(s) to freeze the area. Most warts require being treated multiple times, every 1-2 weeks for 2-4 times, or possibly even longer. Most do not resolve with one treatment. Plantar warts may need to be pared down by the practitioner prior to freezing with liquid nitrogen.
- **FOR PLANTAR WARTS:** the practitioners may also prescribe salicylic acid plasters in combination with freezing them.
- **OTHER TREATMENTS:** For resistant warts, a dermatologist can inject the wart with various agents. Laser therapy is another alternative offered by some dermatologists. Surgical excision is not recommended due to potential of scarring, especially for plantar warts.