

Patient Information for Common wart

Overview

Warts are growths of the skin and mucous membranes (the mouth or genitals) that are caused by over 100 types of the human papillomavirus (HPV). Common warts are usually found on areas of the body prone to trauma, such as the elbows, knees, and hands. The virus causes thickening of the top skin layer. They are usually painless and go away on their own, sometimes taking a few months to resolve, but can take up to two years.

Warts are usually acquired from person-to-person contact. The virus is not highly contagious but can cause an infection by entering through a small break in the skin. In the same way, warts can be spread to other places on your own body. The virus is rarely transferred by touching an object used by an infected person.

Who's At Risk

Warts can affect people of any age, but they are most common between the ages 12-16. It is estimated that 20% of schoolchildren and about 10% of the general population have warts. Those with HIV, organ transplants, or on chemotherapy have a higher incidence of warts due to their weakened immune system.

Signs & Symptoms

Warts may occur singly or in multiples and often have multiple small black "dots" at the surface from tiny blood vessels.

- Common warts are rough, thick, skin-colored, pink, or white bumps from 1 mm to over 10 mm in size, often on the hands, face, elbows, and knees.
- Filiform warts are long and narrow, like tufts of thread, and usually small at the base (1–3 mm); they often affect the face, eyelids, or nose area.
- Flat warts are very slightly raised, smooth, 1–5 mm, skin-colored bumps that may appear in a line from self-inoculation from scratching or widely from shaving. They are often seen on the face, hands, or shins.
- Plantar warts are thick, rough, callus-like, often tender areas of the soles of the feet, usually on the weight-bearing areas. Since they are painful, they are often thought to be corns.

Wart infection can be described as:

- Mild – just one or a few painless lesions
- Moderate – 10–20 lesions that are painless

- Severe – pain that limits normal life activities, bleeding, or over 20 lesions, except for flat warts, which can be numerous, yet not bothersome

Self-Care Guidelines

Because warts can resolve on their own, it is not necessary to treat all warts. Additionally, treating warts may not always destroy them, nor will it necessarily keep other warts from appearing. Treatments can be painful and cause scars and need to be repeated, so it should only be done in cases where the warts are highly bothersome or interfere with daily life.

- Over-the-counter wart removers have a high percentage of salicylic acid and work by dissolving away the layer of skin infected with the virus. This treatment needs to be used daily and can sometimes be irritating if it touches unaffected skin around the wart.
- Duct tape applied daily to the affected area seems to work for unknown reasons. The tape should be very sticky and kept on for a few days.
- Over-the-counter freezing medications are available but have not been found to be very effective.
- Coupled with the above therapies, the wart should be soaked in warm water, and any loose skin should be removed every few days with a mild abrasive, like a pumice stone.
- Family members should avoid sharing personal items such as towels.

When to Seek Medical Care

- Painful or bleeding warts.
- Warts on the face and those interfering with daily life that do not respond to self-care measures.
- Diabetics with warts of the feet should be treated by a physician.

Treatments Your Physician May Prescribe

- Destruction with freezing (cryosurgery); burning (electrocautery); laser; or cantharidin, podophyllin, tretinoin, or acid application
- Injection of chemotherapy drugs
- Application of imiquimod, an immunotherapy agent, or other chemicals that induce an allergic reaction to destroy the wart