

WARTS - Common and Frustrating

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Warts or Verrucae commonly affect people of all age groups, both sexes and of any ethnic background. They are the bane of the busy doctor's practice, in that something apparently simple and straightforward can be virtually impossible to treat. Conversely, the successful eradication of warts in one part of the body can sooner or later be followed by their reappearance elsewhere, to the discomfort of the patient and the frustration of the practitioner. It is not surprising, therefore, that warts have been variously described as a devil's curse, a sign of evil spirits possessing the patient, a disease due to contact with toadstools, toads, bats and animals. In some areas such as the Congo Basin, warts are regarded as evidence of special healing powers, while in more so-called advanced countries the failure to treat patients of warts results in some very uncomplimentary comments about the Medical Profession.

In actual fact, there is nothing mysterious about the wart, which is best defined as "a common, contagious, benign epithelial tumour of viral origin". The course of the infection is erratic; it may persist as a single lesion, or satellite lesions may develop by autoinoculation. Warts are broadly classified as **common**, **syphilitic**, **malignant** and **tuberculous**. The lesion under discussion here is the common variety, since the others can normally be treated when the disease of which they are merely a symptom is being taken care of.

Warts appear to be commonest in childhood and rather rare in old age. Characteristically, complete regression may be noted after months or years, with or without treatment. The varying appearance and size of warts depend on their location, as well as on the degree of irritation and physical trauma to which they are subjected. Some individuals seem to be more susceptible to warts than others, and true to the characteristic of virus diseases, many people in closed communities, where contacts are closer than normal, remain immune to the infection.

Histologically, warts present the three features of hyperkeratosis, acanthosis (local hyperplasia of the skin's prickle-cell layer) and dermal papillomatosis. These three reactions account for the wart's density, and some warts may have inclusion bodies in them.

Clinically, warts are whitish, well defined tumours of varying size, having a rounded or pointed top and a sessile or pedunculated base. Their general shape, as well as the presence or absence of pairs, depends very much on their situation. In general, a wart on a pressure-area such as the sole of the foot, tends to be flat and painful, while a wart on the chin or penis tends to be more truncated and more or less painless. A wart may be solitary or multiple in one or more areas of the body. The wart is found most commonly on sites subject to trauma such as fingers, knees, elbows, face, scalp and

soles of the feet. The penis and inner side of the ear are somewhat less common sites.

Warts can be subdivided into different types, but this is rather useless and more of an academic interest, as the etiology, clinical course and principles of treatment are common to all types. In any case, the easiest way to classify warts is the following:—

(1) **Plane** (*Verruca plana*) — as on the soles of the feet and the knees.

(2) **Filiform** (*Verruca filiformis*) — pedunculated as over the bearded areas.

(3) **Common** (*Verruca vulgaris*) — small and round, mainly on the hands.

(4) **Plantar** (*Verruca plantaris*) — pressure points on the foot.

(5) **Acuminate** (*Verruca acuminata*) — soft and fleshy; commonest on mucocutaneous areas, particularly the ano-genital. They can be confused with, and are often mistakenly called, Venereal warts.

There is no specific treatment for warts, some regress spontaneously while others will resist any therapy, including surgical removal. A successful treatment for one person need not necessarily be so for others, while some people follow folk-medicine remedies such as the use of early morning spittle, the eye of a potato or smearing with fertiliser. The surprising thing is that such odd remedies sometimes succeed where a more scientific approach fails.

Some 5% of warts disappear spontaneously — this leaves 95% to be accounted for. The best approach by the doctor is to first explain to the patient what warts are all about, and it is a sound idea to show the patient a medical text-book describing the difficulties of treating warts. Chemical treatment is tried, and this must be attempted for three months, or more if progress is being made. Common and Plantar warts can be tackled with any of the following applied locally thrice daily:—

(1) 5% Picric Acid

(2) 40% Salicylic acid in Collodion

(3) 20% Glacial Acetic Acid.

Coincidental with any of these, one may use a heat lamp to advantage. Acuminate warts, including those on the penis, are best treated with 25% Podophillin in Alcohol, but this can be rather painful.

Regretfully, the above treatments are very often disappointing, or — more commonly — they rid the patient of his warts which later reappear in the same or in an adjacent site. In such cases, and particularly when dealing with plantar warts, one has to resort to

surgical removal of the lesion together with a small surrounding margin of healthy tissue. This is best done by means of the electrocautery, using local anaesthesia when the wart is solitary, but resorting to general anaesthesia in all other cases. This line of treatment may appear drastic to the patient, but it eradicates 65% of warts permanently. The other 35% simply fail to respond to treatment or else recede spontaneously after anything up to five years.

There are less common and more expensive thera-

peutic approaches that one may adopt, but their use is limited. The first is X-irradiation, which is still employed by some, but the dosage must not entail the risk of subsequent atrophic change, and it will be a brave man who will expose a growing child to repeated X-irradiation. The other alternative is to apply liquid Nitrogen, Oxygen or Carbon Dioxide, the resulting "snow" sometimes freezing off the wart. This is an impressive form of treatment, but it is by no means painless, is very expensive and not always effective.
