



Verrucae

A verruca is simply a wart that is usually found on the soles of your feet, though they can also appear around the toes. In the early stages, a verruca looks like a small, dark, puncture mark but later turns grey or brown. It may become rough and bumpy with a cauliflower-like appearance and may develop a black spot in the middle, which is caused by bleeding. A verruca can grow to half an inch in diameter and may spread into a cluster of small warts.

Verrucae are caused by the human papilloma virus (HPV). This virus is very contagious, but can only be caught by direct contact. It thrives in warm, moist environments such as swimming pools, changing room floors and bathrooms. So if an infected bare foot walks across the poolside, it may release virus-infected cells onto the floor. If you then walk on the same floor, you can pick the virus up, especially if you have any small or invisible cuts and abrasions that make it even easier for the virus to penetrate. You could also catch the virus from an infected towel.

They are harmless. However, they can cause a sharp, burning pain if you get one on a weight-bearing area such as the ball or the heel of the foot. Because you are constantly pressing on the area when walking, they can protrude into the skin and become more painful.

When you have verrucae on a non-weight-bearing surface (such as on the top of the foot or on the toes), they protrude above skin level, tend to be fleshier and cause less pain.

Who gets them? They tend to be common in children, especially teenagers. However, for unknown reasons, some people seem to be more susceptible to the virus, whereas others are immune.

What's the difference between a corn and a verruca? A verruca is a viral infection, whereas a corn or callus is simply layers of dead skin. Verrucae tend to be painful to pinch, but if you're unsure, your podiatrist will know.

What can I do? Minimise your chances of catching a verruca by keeping your feet clean and dry, and covering up any cuts or scratches. Avoid walking barefoot in communal showers or changing rooms (wear flip-flops) and don't share towels. Though you should wear verruca socks when swimming to avoid passing on the virus, they can also be worn as a preventive measure.

If a verruca does appear, avoid touching or scratching it as it may spread into a cluster of several warts. Instead, cover it up with plaster. In some cases, this may cure it.

Do not self-treat if you have diabetes or circulation problems. However, if you are fit and healthy, it's fine to treat yourself with over-the-counter gels and ointments. Ask your pharmacist for advice or look for products containing salicylic acid, such as Verrugon. Ensure, however, that you follow the instructions carefully. If, at any stage, your verruca becomes painful or the surrounding skin goes red, stop treatment immediately and see a podiatrist. If you damage the healthy tissue that surrounds the wart tissue you could hamper further treatment.

What can a podiatrist do? Because verrucae usually often disappear in time (fought off by your immune system), the general policy in the UK is to only treat them when they are causing pain. Verrucae generally resolve spontaneously within six months in children. But in adults, they can persist for years.

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If yours is causing pain, there are a number of treatment options available – though no one particular treatment can guarantee a cure. A recent review of treatments in the British Medical Journal (August 2002) concluded that the safest and most effective treatments were those containing salicylic acid. This acid is applied to the wart to disintegrate the viral cells and has a cure rate of 75%. It may need to be applied at weekly intervals over a set period of time.

Other treatments include:

Cryotherapy This involves freezing warts off with liquid nitrogen or nitrous oxide gas. This needs to be done every 2 or 3 weeks for a few months before the verruca is fully removed. However, it can lead to soreness and blistering in some people. You can still swim after this treatment, but it's not advised for sensitive or anxious children.

Electrosurgery After a local anaesthetic, the verruca is pared down. An electric needle is then placed in the middle of the wart for a few seconds until the wart boils – the verruca is then scooped out.

Excisional surgery Similar to above, but using a scalpel.

Laser surgery Lasers are sometimes used to kill the virus. This is useful for treating portions of large verrucae at a time.

In short, you can treat your verruca with an over-the-counter medicine unless you have diabetes or circulation problems. If you do however, or find that the verruca appears to be getting bigger, consult a podiatrist.

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**All information from The Society of Chiropractors and Podiatrists Website*