



VIRAL WARTS & MOLLUSCUM CONTAGIOSUM

DEFINITION

Warts (medical name verrucae) are skin growths caused by a virus. They are very common and can be a persistent nuisance. They rarely become malignant (cancerous) and typically present as an unsightly and occasionally painful bump that can affect any area of the body. When warts arise on the bottom of the feet (plantar warts), they tend to grow thicker due to the pressure of walking and may become painful. Warts around the nails may cause ridges or destruction on the nail. Warts in the genital area are spread by intimate contact. Women with certain types of genital warts (condyloma) of the cervix may need to be followed closely by their gynecologist to prevent development of cervical cancer.

All warts are caused by the same family of virus known as human papilloma virus (HPV) and are slightly contagious. Warts may spread to different areas of your skin since the initial wart acts as a source of virus to “seed” the other areas. It may also be spread from person to person with prolonged contact or through a cut or abrasion (ex: shaving, picking, or biting). Except for cervical warts in women and warts in sun-exposed areas of immunosuppressed patients (transplant recipients, AIDS patients), there is no need to worry about warts becoming cancerous.

There is considerable individual variation in resistance to the wart virus. Some people get new warts repeatedly while others never acquire a single wart. We do not know why some are more prone to warts and there is no way of preventing warts. Curiously enough, warts may disappear by themselves. This is more common in young children; folk remedies depend on the spontaneous disappearance of warts for their success. Unfortunately, spontaneous disappearance of warts is uncommon in older children and adults. In particular, plantar warts of the feet almost never disappear on their own.

TREATMENT

There are many ways of treating warts and no one method is perfect. Most methods depend on destruction of the wart with chemicals, surgery, or freezing with liquid nitrogen. The particular way to best treat your warts depends on their location and size as well as your type of skin. We usually begin with non-cutting methods as first line treatment since cutting, burning, or laser may cause a scar. Scars on the hands and feet can be permanently painful and surgery in these areas is always a last resort.

If we treat your warts by freezing with liquid nitrogen or by application of cantharadin (a chemical which causes the skin to become irritated and blister), you should EXPECT A BLISTER or scab to develop. This blister can be filled with clear fluid or blood and is quite normal. If the blister is painful, you may make a small hole in the blister with a sterile needle to relieve the pressure. Otherwise, no special care is required. Do not pick. If you have severe pain, aspirin or NSAIDS like Advil or Motrin are helpful. At your next appointment, we will determine whether additional treatment is necessary. Usually several treatments at about two to four week intervals are required. Sometimes warts recur weeks or months after an apparent cure. Do not be alarmed if a wart recurs. Make an appointment for a return visit and treatment can again be instituted or a different approach may be tried in an attempt to eliminate the wart.

HOME TREATMENT

Occasionally, we ask that our patients use a medicine on their warts at home. The most common is an acid (salicylic and/or lactic acid) contained in many over-the-counter wart treatments such as Duofilm, Duoplant, Wart-off, Compound W, and others. For warts on the hands and feet, apply the medicine after soaking the skin in water for 5-10 minutes (bathing and washing dishes count for this). After the medicine was dry, cover the area with a bandage or adhesive tape. Make sure the medicine does not get on healthy skin, only the wart. The next day, scrape away the medicine and any dead skin with an emery board or pumice stone and repeat the treatment. You may withhold treatment for a day or two if the wart becomes too sore. The face, genitals, and other “soft skin” may be too sensitive for these acids, and they should not be tried there except under close supervision by a Dermatologist.

There are newer prescription topical medicines such as Aldara and Condyllox that help some patients, but must be used for prolonged times and are quite expensive. Also, the oral medicine Cimetidine (Tagamet) has been shown to help a few patients with warts, but again, must be used for months.

While warts may be quite stubborn, we can clear virtually every wart safely if you have the persistence to follow a regular treatment program.

MOLLUSCUM CONTAGIOSUM

Molluscum contagiosum (MC) is another common viral infection of the skin. MC is caused by a pox virus and is most common in children aged one to ten years old. MC can affect any area of the skin but is most common on the trunk, arms, and legs. It is spread through direct contact or shared items such as clothing or towels and very commonly affects children in daycare or early elementary school. In adults, MC is sexually transmitted and affects the genital region.

Lesions are flesh-colored, dome-shaped, and pearly in appearance. They are often 1–5 millimeters in diameter, with a dimpled center. They are generally not painful, but they may itch or become irritated. Picking or scratching the bumps may lead to further infection or scarring. In about 10% of the cases, eczema develops around the lesions.

Many health professionals recommend treating MC to prevent them from spreading to different areas of the body or to other individuals. The virus lives only in the skin and once the growths are gone, the virus is gone and cannot be spread to others. MC is not like other viruses, which can remain dormant in the body for long periods and then reappear. Thus, when treatment has resulted in elimination of all bumps, the infection has been effectively cured and will not reappear unless the patient is reinfected.

Treatments may include freezing with liquid nitrogen, application of blistering agents such as cantharadin, and/or mechanical destruction of the lesion. Several treatments may be required to 2 to 4 week intervals to rid a patient of all MC lesions.

