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Corns and Callus

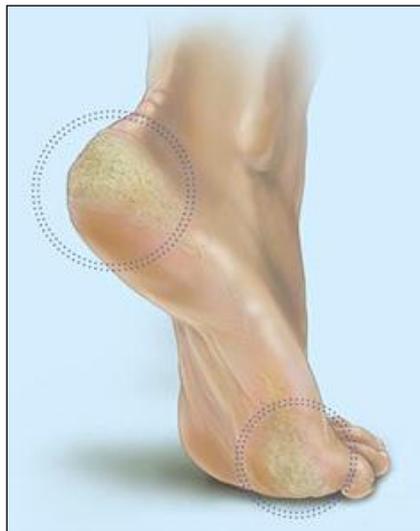
Description

Many people have minor but yet irritating problems with corns and callus. In some cases this can be very painful and interfere with activity. Excess pressure or friction on various regions of the foot can lead to the production protective skin tissue which subsequently may become excessively thick and painful. This is termed hyperkeratosis. Callus being a diffuse distribution of keratin tissue and a corn a more impacted and dense site.

The heels are a common area of concern with dry, thick, cracked skin and often described as unattractive.

Corns and calluses may occur on the ball of the foot due to abnormal weight distribution and loading through the foot. They can be isolated over one or two metatarsal head regions or across the whole ball of the foot.

The toes may also be affected especially if they are clawed and footwear impinges on them. Corns can be present on the top, the tips and between toes.





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Causes

Some people have a greater genetic tendency to produce such irritating skin tissue. Some skin conditions produce excess keratin tissue. Smoking has a documented link to increased hyperkeratosis or thickening of the skin. Areas of increased pressure or overload from ground forces increase the potential for callus. Feet that are either high arched or flat have altered pressure regions and at risk of corns and calluses.

Footwear irritation contributes to calluses and corns. Clawed or retracted toes or any region of prominence of the foot is subjected to excess force and hence corn or callus.

Dehydration can increase callus and corns with fissuring, more common on the heels.

Signs and Symptoms

Regions of notable thickening of the skin are noted. There may be no associated discomfort but may be unsightly. The skin tissue may become so dense that it is inflexible or become dead seated like a "plug". There can be associated splitting and fissuring with surrounding redness. Some areas are more painful than others. There may be so much pressure at the corn site that there is soft tissue breakdown beneath the corn in the form of an ulcer. Some callus may have associated blistering.

Treatment

Treatment usually consists of removal of the offending thickened corn or callus. The application various paddings may be useful depending on the site. Moisturising type creams may be required.

Many patients are happy with this treatment and manage the problem with regular Podiatry visits. Other situations require assessing and addressing the cause. This may include assessment of the foot type and balancing abnormal forces with various insoles or orthotic devices.

Some regions of the foot can be treated with surgical procedures to correct the mal position or remove bony growths causing the problem.

In some individuals corn and calluses may develop into ulcers. This is serious in people with diabetes or conditions leading to poor circulation.

Dr Marino, Podiatric Surgeon can assist you with surgical consultation.