Plantar Warts - Verruca

Description
Plantar warts or plantar verruca are dense, benign lesions of the bottom or the weight bearing aspect of the foot caused by infection with the human papilloma virus (HPV). Verruca means “wart” and plantar means “the region of the bottom surface of the foot”. Once the skin is infected with the virus it may remain latent within the deep skin layers or develop and become clinically observable. The plantar verruca may appear in either a solitary, multiple or mosaic type pattern. It does not cross the blood barrier and therefore difficult for the body to fight the virus.

Verruca may appear in other areas of the foot, for example on the top of the bridge etc but these have different characteristics to the plantar verrucae. They tend to be more prominent whereas the plantar verruca tend to be flatter because with weight bearing the wart gets pushed into the foot and becomes deep seated.

Incidence
Plantar warts may occur at any age but more commonly affect the young, elderly and immunosuppressed.

Causes
The wart virus may be attained with use of shared facilities such as swimming pools, sport centres and gymnasiums. Another method of inoculation may occur through a mechanical or micro injury of the skin. Hence wart infections are likely to occur during barefoot activities or when the skin has been wet for some time e.g. swimming, sweating and showering. Unfortunately as the virus may remain latent within the skin layers it is still able to spread to other hosts. It is also known that the virus is prevalent and difficult to treat in those with poor immunity.
Signs and Symptoms
Common features of plantar warts include: Loss of skin pattern, presence of many minute dark spots being the tips of blood vessels, callus formation, pain with compression and sometimes with weight bearing. Symptoms may vary from nil to severe pain and discomfort depending on the size and location of the plantar wart. Pain may be elicited with lateral compression of the verrucae. Spot bleeding may occur with removal or injury of the skin or callus overlying the wart due to its vast blood supply.

Treatment
In some cases the virus may regress spontaneously anywhere between 2 weeks to over 2 years but this is not predictable. If there is concern with the possible spread of the virus or pain is present from the wart, the following treatment options may be considered.

- Cryotherapy or freezing of the wart
- Keratolytic agents to break down skin tissue
- Caustic agents to chemically “burn” the wart
- Electrocautery to destroy the lesion
- Curettage or surgically “scooping out” the lesion
- Surgical excision requiring stitches to close the wound
- Others including Homeopathy - zinc supplementation to boost immune
  Cimetadine tablets (gastric ulcer tablets)
  Various chemical injections
  Duct tape
  Needling the lesion;
  Wives tail remedies  - banana peel on the wart
  - taping a coin over the lesion

Combinations of the above treatments may be considered in the event that the virus and or lesion is stubborn or becomes resistive to a particular treatment. The removal of a particular wart may prove successful but on occasions surrounding dormant virus may produce more warts, not necessarily being the original wart returning. Patience is required in the treatment of this condition. Healing at the site of the wart removal may take some time.