**Verrucae**

**Verrucae**   
**What is a verruca?**  
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.

**What causes them?**  
The Human Papiloma Virus (HPV) causes verrucae. 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.

**Is it serious?**  
 There is no need to be alarmed! 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 are 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 Occlusal. 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 NHS 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.

If yours is causing pain, there are a number of treatment options available privately– **though no one particular treatment can guarantee a cure**. A recent review of treatments in the *British Medical Journal* 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 with nitrous oxide gas. This often needs to be done 3 or 4 times before the verruca may be fully removed. However, it can lead to soreness and blistering in some people. It is not advised for children.

If your verruca has been treated with a chemical called *Salicylic acid*. The desired effect is to produce local, controlled tissue breakdown.

Please leave the dressing in place for 5 days, and then remove and bathe in a salt water solution. You can expect the skin to have become white and mushy in appearance. Occasionally, blistering may also have occurred. These reactions are normal.

If you experience severe pain, and/or the skin becomes excessively red, remove the dressing then bathe your foot in salt water immediately and contact me on the practice number.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Following Cryotherapy treatment:

The treatment site usually blisters and may turn black. DO NOT pierce the blister.

The treatment site will probably be painful. Take your usual choice of painkiller, if necessary.

There is no need to apply a dressing to the treatment site.

Please keep your follow-up appointment.

Verrucae may take several cryotherapy treatments before they disappear.

Following Chemical Treatment:

If your verruca has been treated with a chemical called *Salicylic acid*.

The desired effect is to produce local, controlled tissue breakdown.

Please leave the dressing in place for 5 days, and then remove and bathe in a salt water solution.

You can expect the skin to have become white and mushy in appearance. Occasionally, blistering may also have occurred. These reactions are normal.

If you experience severe pain, and/or the skin becomes excessively red, remove the dressing then bathe your foot in salt water immediately and contact me on the practice number.

Chapeltown Foot Clinic is a trading name of Chapeltown Foot Clinic Limited, 12a Station Road, Chapeltown, Sheffield, S35 2XH. Registered in England & Wales

No 8101610

Chapeltown foot Clinic is a trading name of Chapeltown Foot Clinic Limited, 12a Station Road, Chapeltown, Sheffield, S35 2XH. Registered in England & Wales

No 8101610