



Verrucae Pedis ('Plantar Warts')

What is it?

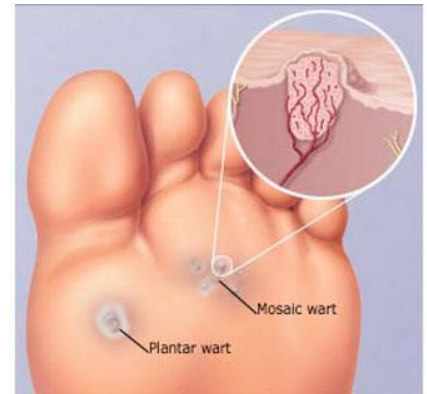
Commonly known as plantar warts, Veruccae Pedis is caused by the Human Papilloma Virus (HPV).

Why did I get it?

- Trauma induced exposure to the infection
- Direct contact with virus
- HPV thrives in warm, moist environments such as; footwear, swimming pools, changing room floors and bathrooms

Symptoms:

- A small, fleshy, rough, grainy growth (lesion) on the bottom of your foot, usually the base of the toes and forefoot or the heel
- Hard, thickened skin (callus) over a well-defined "spot" on the skin, where a wart has grown inward
- Black pinpoints, which are commonly called wart seeds but are actually small, clotted blood vessels
- A lesion that interrupts the normal lines and ridges in the skin of your foot
- Pain or tenderness when walking or standing
- Pain can be reproduced by squeezing the outside margins of the wart



How is it diagnosed?

Unlike the usual shape of a wart, being that of a raised dome, plantar warts are usually flattened due to their location as they are pushed through the skin due to the amount of pressure of everyday ambulation. They are often distinct and there is usually overlying callous. A plantar wart will sometimes grow to 1.5cms in diameter and even spread to form a cluster of wart tissue. The diagnosis is usually apparent, however can be confused with a number of other skin lesion such as corns or foreign bodies.

Possible treatments

- Removing as much of the dead skin surrounding the lesion as possible and letting the thrombosed vessels bleed to reduce the blood supply to the lesion
- Application of a caustic agent with the aim of destroying the viral affected tissue
- Different caustics include Silver Nitrate and Sacylic Acid
 - Caustic is applied to the wart after it has been debrided. Normally it is dressed and left on for 1-2 days
- Cryotherapy (freezing)
- Surgery (Multipuncture Technique - Requires Local Anaesthetic)
 - Area where the wart is located is put under local anesthesia
 - The area of tissue where the wart was penetrated a number of times with a needle – to stimulate the immune system



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Prognosis:

Providing patient compliance, the majority of patients respond well to conservative treatment options. Surgery is often used as the last resort for non-responsive cases, however can produce very successful outcomes.