

Plantar Warts

Answers to commonly asked questions

What are plantar warts?

These are microscopic viruses which penetrate the bottom of your foot. They invade the outer layer of skin called the epidermis and form a deep core with their own blood supply. There are 30 different types of these papilloma viruses and some are more stubborn than others.

Where did I get this from?

Plantar warts (aka verrucae) are in the normal environment. They are most often found at outdoors, in our showers, and around swimming pools or jacuzzi's. When we walk barefoot they penetrate our skin. When our immune system is compromised we are at a higher risk for these. For example, when we have a cold, if you are pregnant or if you have diabetes or cancer.

Are the warts contagious?

Yes they are. They often start off with a primary wart and may spread on the same foot or to the other foot. If you touch these with your fingers they may begin to grow on your finger. When you take a shower or are around swimming pools it is a good idea to wear a shower sandal to minimize other people in your family from getting the same problem.

What are my treatment options?

#1: Debridement with topical Trans Ver Sal Patches

This is a method that works well 50% of the time if a wart is new or is on the toes or forefoot. The patch is an over the counter product but you need to ask the pharmacist for it. It is a good option in children who are very sensitive. The patch needs to be applied every night and covered with a piece of tape to prevent movement. It should be removed in the morning. It is necessary to see the podiatrist every 2 weeks for debridement (removal of dead skin with a sharp instrument).

#2: Debridement with application of Salinocaine

This is a method that the doctor performs in the office. After the doctor trims away the dead skin covering the wart they will apply a special topical cream. This cream is a combination mixture of several different things including salicylic acid and ethyl aminobenzoate. It needs to be applied precisely by a foot specialist to make sure the medication eats only the wart and not your good skin. In order to get the best result from this cream it is helpful to keep the foot dry for 5-7 days. This allows the medicine to soak in and tries to lift the wart out. The podiatrist will need to debride the wart every two weeks until it is gone. This treatment works well more than 50% of the time and may require 1-4 applications.

#3: Oral Cimetidine (Tagamet)

The medication is taken at a large dose of 800mg twice a day. It is a good choice if there are numerous warts (greater than 5) or the warts are actively spreading. The medication acts on the H2 receptor sites which are common with viruses and this seems to kill their blood supply. The warts usually become black and can easily be removed after 1-3 months by the doctor. This method is more effective in children than adults. Some research studies claim as high as an 80% success rate in children and a 30% success rate in adults. Side effects from the medication are extremely rare. This is the same popular medicine that has been used for years with people who have stomach acid or reflux.

#4: Zinc Sulphate Tablets

This medication can be used in conjunction with other methods or individually. It helps to improve your immune system. And some clinical research studies have shown it to help resolve the warts in more 70% of patients. It is taken 10mg/kg for 1-3 months. (220mg tablets, 2 pills twice a day for most patients)

#5: Laser removal

This is the most successful method of wart removal. It involves a minor surgical procedure in the office under local anesthesia. After the wart is removed it leaves a hole where it was removed. This is usually painful for 1-2 weeks but you can walk on it with a special pad. After the first few weeks you should be able to return to your full activities but depending upon the size and location it may still be tender until it heals 100%. Some warts heal in a few weeks and some take 6 weeks depending upon the size of the wart. Even with this method the wart may come back 20% of the time.

#6: Bleomycin injection

This technique also has a high success rate (approximately 70%). It involves injecting a special anti-viral medication into the wart with local anesthesia. The medicine creates a blister which is sometimes painful and the wart dies. Once the blister becomes black we debride it and this may leave a small wound. The wound usually heals in 1-3 weeks depending upon the size of the wart. This is a very expensive medicine which needs to be special ordered.

#7: Cantharin

This topical medication is very powerful and has a high success rate. However, it creates a painful blister which needs to be removed 1 week after treatment. Sometimes this requires a local anesthetic. The main advantage of this medication is that the blister usually heals after 1-2 weeks and you are only limited in your activities for a total of 2 weeks.

#8: Surgical excision

This is an option for stubborn warts. If the wart continues to persist we sometimes will perform a full thickness excision with biopsy under local anesthesia. This method works well but requires stitches and may require non-weight bearing for 2-3 weeks or heel walking depending upon the location of the wart.