

## HOW to get rid of Warts...

o, you do not get *warts* from touching frogs. Instead, they are caused by an infection with a skin virus known as *HPV* or *human papilloma virus*. *HPV* virus gets into the skin through an abrasion (scrape), causing an abnormal growth of the skin surface. The most common locations are the hands, feet, elbows, knees, and face, although any skin surface can be involved. It is very common for warts to spread from one part of the body to another.

There is no single treatment method that works for everyone. The best approach is to start with the method that causes the least pain and the best long-term cosmetic result. For some, this may be simple observation. By doing nothing, approximately 2/3 of *warts* will resolve within a few years. When the *warts* are not painful, disfiguring, or spreading, this may be the best option.





When treatment is desired, we often start by putting on *salicylic acid*. It is available over-the-counter in a variety of preparations and strengths. *Compound-W* liquid, *Mediplast* patches or other *salicylic acid* preparations can be applied directly to the warts. Apply daily after soaking and gently roughing the surface with an emory board. Avoid products which cannot be cut to the size of the wart because they can irritate the normal skin near the wart. *Salicylic acid* should **not** be used on the face or genitals.



Another popular treatment: cover the *wart* with *duct tape* (yes, the grey stuff)! This method is painless, inexpensive, and safe. Soak the *wart* and gently rough the surface with an emory board. Then cover it with *duct tape* for about 6-7 days. After removing the tape, clean up the *wart* again and put on another piece of *duct tape*. Do this for up to 8 weeks or until the wart is gone. Success with this treatment is near 85%! To boost the success rate *duct tape* is sometimes used in combination with one of the *salicylic acid* medications.



If these treatments fail or if the *wart* is in a difficult location, a referral to a dermatologist or podiatrist may be necessary. They may use other topical medications, freeze the *wart* with liquid nitrogen, cut the *wart* with a curette or laser, or inject the *wart* with medication. Since these procedures carry a greater risk of pain and scarring, they are reserved for the resistant cases. Before deciding which treatment option to choose, it is always appropriate to discuss it with your primary doctor.

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