



**WARTS** – See also Warts, genital

Common warts are ubiquitous scaly, rough, papules or nodules, which may be found on all skin surfaces, especially the hands, feet, and face. They are called verrucae vulgaris (VV) and occur from childhood onwards. Several specific names may be used: plantar warts – lesions on the plantar surface of the feet; flat warts – minimally elevated lesions, often found on the face; and mosaic warts - a coalescence of warts, usually on the hands or feet into plaques. Histologically, VV consist of an acanthotic epidermis with papillomatosis, hyperkeratosis, and parakeratosis.

DNA technology, using polymerase chain reaction (PCR) with high sensitivity and specificity, has led to HPV typing being defined by DNA sequence homology. VV are most frequently associated with HPV types 2, 4, 27, 29 and 1, the last being seen as deep palmar/plantar warts. HPV infection is acquired by inoculation of the virus into viable epidermis through defects in the epithelium. Maceration of the skin is an important factor: i.e., plantar warts in swimmers at public baths. Once transmission takes place, new warts may develop at sites of inoculation over several weeks. It probably takes two to nine months for warts to become apparent, but there are no definitive data about this.

Treatment depends upon age, extent and duration of lesions, immune status, and the desire of the patient or parent for treatment. In childhood, warts often disappear during a two-year period. Therapy consists of destruction of the wart, accomplished in many ways: salicylic acid compounds cryotherapy, curettage, or surgical excision. No method is more than 70% effective, as the papillomavirus remains in the skin for a lifetime.

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