

Treatment Options for Verruca Plantaris

- Topical salicylic acid and cryotherapy with liquid nitrogen are the most common therapies with the strongest evidence
- **Salicylic acid**
 - exfoliates the epidermal skin and elicits an inflammation response
 - higher percentages (40-50%) are recommended for thick stratus corneum (palms/soles)
 - Apply the liquid/ointment/pad/patch under occlusion (duct tape/moleskin)
 - reapply every 2 days and follow up at least within 12 weeks for assessment
 - Debridement of the wart is important to remove hyperkeratotic tissue
 - DO NOT USE for face or anogenital warts
- **Cryotherapy - Liquid Nitrogen**
 - Can be painful
 - Goal is to freeze the wart and 2mm of normal skin surrounding the lesion
 - Let thaw for 30-60 seconds, and repeat a second application
 - Repeat treatment every 2-3 weeks
 - Often cryotherapy can be done in conjunction with salicylic acid to increase efficacy
- **Refractory wart treatment options**
 - **Cantharidin “beetle juice”**
 - applied to wart lesions and covered with moleskin or tape
 - Blistering often occurs within 2-24 hours
 - Repeat every 3 weeks
 - Change to a different treatment if unsuccessful within 4 treatments
 - **Imiquimod** - topical immunomodulatory for anogenital lesions
 - **Intralesional bleomycin** - chemotherapeutic agent
 - **Trichloroacetic acid (TCA)**
 - 50-80% TCA is applied to pared warts every 7-10 days for up to 8 weeks
 - **Duct tape**
 - **Pulsed dye laser** - targets hemoglobin and destroys vasculature to the wart
 - **Oral cimetidine** - RCTs have not shown efficacy compared to placebo

