

Practice Protocol: Plantar Warts

Nature: Soft tissue mass of the foot, painful, contagious, caused by Human Papillomavirus (HPV)

Epidemiology: Occurs most often in children 12-16. Often contracted while walking barefoot in commonly used areas (pool decks, locker rooms, public showers).

Clinical Findings:

1. Pinpoint bleeding (black dots) seen within the lesion after removing callus
2. Pain on lateral compression (squeezing)
3. Skin line go around a wart
4. Mosaic Type – Flatter and wider (harder to treat)



Our Treatment Options

1. Acids: Chemically burn the wart cells
 - a. Salicylic Acid: VerruStat 17%
 - b. Blistering Agents: Cantharone Plus (most powerful)
 - i. Apply once every two weeks until gone
 - c. Apple Cider Vinegar – Applied 3 with cotton round and bandaid, 3 days on, 3 days off, repeat until gone.
2. Cryotherapy: Destroy wart cells by freezing
 - a. Dr. Scholl's Freeze Away, Histofreeze, Liquid Nitrogen
3. Excision: Surgically remove wart tissue
4. Laser Treatment: Heats the lesion to kill wart cells
5. Bleomycin: (reserved for most severe, recalcitrant warts)
 - a. The wart is injected with Bleomycin (yeast), the body recognizes the yeast as foreign and destroys the wart cells.

