

VERRUCAS (Plantar Warts)

There is much folklore about verrucas or plantar warts. Few coaches, teachers or pool managers would argue, however, that they (plantar warts) are anything other than a nuisance. Many have in the past, spent a great deal of time attempting to eradicate this problem. Opinion nowadays tends to regard such attempts as a waste of time.

Verrucas (plantar warts) like most warts are due to a viral infection of the growing layers of the skin. Injury of the skin is a prerequisite for the contraction of warts, hence, a predilection for the hands, knees and feet as these sites are more prone to minor injury during childhood activities, particularly barefoot activities in changing rooms, gymnasium and especially swimming pools with the plantar skin being slightly soggy together with possibly damp duckboards or foot mats. Therefore the skin of the feet is more easily damaged by slight irregularities of the floor surface in order to implant the virus, which could be present on the pool surround.

As with most infection, particularly viral, immunity to the causative (virus) occurs in time. This is possibly the reaction why such warts occur less often in adolescents and adults, because by the time that adolescence is reached, most individuals have reached an adequate immunity. Such an immunity may well be under hormonal control and whilst such immunity is probably not as strong or as long lasting as that found in such infections as measles and rubella (German measles) an effective immunity usually does exist for a decade or two. This is, therefore, sufficient to cover that period during which contraction of such warts is like to occur.

The majority of dermatologists (skin Specialists) are not in favour of treating plantar warts. Many feel that because the virus is so widespread, it could be beneficial to spread it as much as possible and as early as possible in the lives of children.

Similarly, the use of devices like plastic socks should be discouraged, as like elasticated knee bandages; they can be of limited value, other than attracting attention. The use of a waterproof plaster is sufficient.

Most enlightened Associations and bodies believe that the exclusion of children with plantar warts from barefoot activities - such as swimming, physical education, dancing or communal showering is no longer justified. This view however, of advocating virtual quarantine for such infections, may be slow in acquiring support from non-medical opinion. One must re-emphasise the fact that as far as plantar warts are concerned, many children develop immunity to the virus without having (knowingly) developed a plantar wart. Such a finding is well recognised in other viral infection, such as true glandular fever, or what is so common in the swimming world a 'glandular fever-like' illness produced by what is now loosely called the 'swimmers virus'. It is quite possible that such subjects are infectious during part of the long incubation period, when in the case of plantar warts; the most scrupulous foot inspection would fail to reveal any problem.

The main indication for treating plantar warts is intolerable pain or tenderness on walking. This is usually because of the hard skin which accumulates around the wart; keeping this under control poses problems if a pumice stone or the like is used when the hard skin is moist after a bath or after wearing a piece of bare 'sleek' on the lesion for a few days. Chemist's shelves are full of expensive wart remedies principally because none of them work satisfactorily. Most of them work from time to time for the simple reason that all warts will eventually disappear themselves. Even hypnotherapy has been known to 'cure' such warts.

Occasionally, symptoms may make treatment inevitable and whilst cryotherapy with liquid nitrogen is best avoided on the foot, curettage (scraping out) under local anaesthesia is valuable in skilled hands. Soaking multiple lesions in 4.5% formaldehyde solution for 10 minutes is also valuable and painless. It must be emphasised, however, that a medically qualified doctor should carry out all such treatments.

Except in highly skilled hands there is little difference in the disappearance rate of warts, which are treated by different methods or left untreated. Most wart treatment (especially plantar warts) can be time consuming and painful and the response to treatment is unpredictable.

Where there is no firmly laid down policy with regard to verrucas (plantar warts) it is suggested that a practice of 'masterly inactivity' be adopted, unless painful. Treatment then, if indicated should be under strict medical advice.