NHS
South West London

Management of Viral Warts

This guideline is aimed at primary care clinicians to support the management of viral warts as most patients with viral warts can be managed in primary care. These guidelines are applicable to adults and children (above 12 months), however do not include management of molluscum contagiosum, genital or mucosal warts.
There is low quality evidence to support most physical / destructive treatment modalities. Consider no treatment as warts usually resolve spontaneously (90% in children within 2 years).

Examination

Common Warts (common on knuckles, knees and fingers)

- Self-treatment DAILY with a destructive agent for at least 6 months AFTER paring the wart. Products containing salicyclic acid and 10% glutaraldehyde solution can be bought over the counter. Treatment can cause skin irritation.
- If no response, options include:
  - Occlusion with waterproof plaster/duct tape after paring and application of wart paint
  - Monthly cryotherapy (after paring) if available for at least 6 months
  - Cryotherapy and wart paint under occlusion

Deep plantar wart / mosaic plantar wart (soles of feet)

- Self-treatment with DAILY salicylic acid ointment (up to 50%, corn plasters containing salicylic acid) AFTER paring the warts DAILY for at least 6 months
- If painful, advise using a corn plaster to relieve.
- If no response, consider the following options:
  - Occlusion with waterproof plaster/duct tape after paring and application of wart paint and change every 4 days.
  - Monthly cryotherapy if available (after paring)
  - Cryotherapy and wart paint under occlusion

Filiform facial warts (face and neck)

- Do not apply topical wart removal solutions
- Consider cryotherapy, if available (experience required to avoid scarring)

Periungual Warts (around the nails)

- **Avoid cryotherapy** around the proximal nail fold (near the cuticle) as this may damage nail apparatus and result in scarring / permanent loss of nail
- Self-treatment with DAILY salicylic acid AFTER paring the warts daily for at least 6 months. Always follow manufacturer's instructions and cautions for use.

Plane warts (common on the back of hands)

- Plane warts often resolve spontaneously
- Avoid cryotherapy (risk scarring)
- Apply 2-10% salicylic acid cream / ointment if persistent (aiming to cause irritation and thus resolution).

Further information regarding aetiology, clinical findings and images can be found on the PCDS website Warts.
Patient information leaflets for plantar warts, viral warts for parents and young people and PCDS warts patient Information leaflet.
NHS advice on self-care for warts for patients is also available.

Self-care with over-the-counter treatment

- In-line with the NHS England position on self-care for warts it is recommended that treatments are purchased over the counter. Salicylic acid products of varying strengths may be bought over the counter from a local pharmacy. Patients should be advised to consult the literature within the package and seek pharmacist advice before use.
- Advise patients **NOT use salicylic acid 50%** unless it is for plantar warts.
- If patients are unable to purchase these, then they can be prescribed (in exceptional circumstances). Clinicians are provided with further SWL guidance Self Care Guidance for Clinicians – SW London Integrated Medicines Optimisation Committee (swlondonccg.nhs.uk)

Advice on diagnosis

- If diagnosis uncertain pare down until pinpoint bleeding of exposed capillary loops is seen
- Differential diagnosis includes other keratotic lesions on the hands and feet e.g., actinic keratosis, knuckle pads, squamous cell carcinoma or focal palmoplantar keratoderma. On the feet may include corns, calluses, or callosities. Paring will be helpful.
- Warts may be the presenting feature of immunosuppressed states including lymphoma or HIV. Prolonged or multiple large warts should prompt consideration of underlying immune deficit and appropriate screening. Treatment of warts in this group is unlikely to be curative but may reduce size.

Advice for treatment

- If there is diagnostic doubt refer to secondary care, particularly elderly people.
- Do not use salicylic acid on the face.
- Use topical treatment at night and regularly for best chance of cure.
- Suggest using single-use emery nail file for paring down (these can be in half and discarded after use). When treating the wart dispose of skin filings hygienically and do not use the emery board elsewhere.
- Avoid paring down surrounding normal skin as this can spread the disease.
- If the wart becomes painful because of treatment, pause treatment for a few days before restarting.
- Consider applying white soft paraffin (e.g., Vaseline® – patients to buy) to surrounding skin to decrease irritation.
- Duct tape can be applied for cycles of 6 days on; followed by soaking in warm water and paring and leaving uncovered for one night, for up to 2 months. If the tape falls off it should be replaced with a fresh piece. Further information is available for using duct tape to clear viral warts.
- Painful treatments such as cryotherapy are unlikely to be tolerated in younger children i.e., under the age of 10 years and maybe unnecessary as most warts will clear spontaneously within 1-2 years. There is no evidence of better response to cryotherapy compared to occlusion in children.

- Cryotherapy should be used by appropriately trained staff and may cause scarring and hypopigmentation, particularly in people with darker skin (avoid in very young children).
- Cryotherapy availability will vary across SWL and is dependent on local arrangements. Problematic facial warts may be referred to secondary care.

When to refer to secondary care

- See EBI Policy for referral and threshold for treatment, refer to Interventions for minor skin lesions within the SWL EBI Policy: NHS-South-West-London-evidence-based-interventions-policy-4.1.pdf (icb.nhs.uk)

Anogenital warts

- Adults with anogenital warts should self-refer to their local Sexual Health clinic for management and for a sexual health screen.
- Anogenital warts in children: Sexual abuse should always be considered - note that 31% to 51% of children with anogenital warts have been sexually abused. In ALL cases, enquiries with social care and school nurse/health visitor should be made. If sexual abuse is suspected or disclosed at any stage, follow the local CSA (Child Sexual Abuse) pathway, including referral to social services/police. If no overt concerns of sexual abuse, refer all children with anogenital warts to general paediatric services for assessment and review. Onward paediatric dermatology input can be considered if the warts are causing symptoms; most will resolve /drop off in time.
- Further information is available from the PCDS website Warts for the management of anogenital warts.

To the best of our knowledge, the information provided in this guideline is accurate and reliable as available at the time of issue. Always consult the Summary of Product Characteristics for full prescribing information.

Reference/resources

Warts and verrucae NICE CKS
BASHH National Guideline on the Management of Sexually Transmitted Infections and related conditions in Children and Young People (2021)

Document History

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