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Management of Plantar Wart

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Plantar warts are simple papillomas and must be differentiated from a callus or a neurovascular corn, because surgery is contraindicated for all plantar warts. This is an important differential diagnosis.

Clinical examination of the plantar lesion will usually allow differentiation by visual and physical examination. The callus and neurovascular corn are hyperkerotic areas which are commonly found over points of constant friction or pressure, are elevated above the skin surface, with tenderness elicited in the bony prominences under it rather than in the lesion itself. Warts are usually painful when squeezed and have sharply circumscribed edges easily contrasted from the surrounding skin. Calluses and neurovascular corns have no vascularization within them whereas warts, which are cone shaped, have vertical blood vessels extending through them to their surface, which bleed when pared.

Many management theories exist relative to plantar warts. I suggest the following from experience. Initially, apply fluoroethyl spray to the surface of the warts, avoiding freezing the tissue beyond the white frost appearance. This will result in cauterization of the vertical blood vessels in the body of the wart. The patient is instructed to apply salicylic acid tape, or pads, several times daily. The salicylic acid will serve to dissolve the intercellular substance binding the lesion together. This procedure will provide for healing of the lesion from the inside with epithelization, rather than cicatrization, which would be the result in surgical intervention. If the treating chiropractic physician feels the need clinically, due to resistance of breakdown of the intercellular substance to the salicylic acid, pulsed ultrasonic energy may be applied during the office visit to enhance the separation of the interstitial components of the wart.

This method of management usually takes from one week to three weeks and requires the patient to be treated every other day during that period. Of course, it is desirable for the patient to avoid weight bearing use of the appendage during the treatment process, if possible.

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