Consult health care personnel:

- for genital warts
- if you have any doubts about whether what you think is a wart is indeed a wart.
- if your warts don't respond to non-prescription medicine.
- anytime you are unsure of what to do.

Special instructions:
What are warts?

Warts are overgrowths of skin tissue caused by viruses. They sometimes go away on their own, but they may stay the same, spread, or become irritated.

What types are there?

Warts are classified according to their appearance and location.

PLANTAR WARTS: These are on the sole of the foot ("plantar" surface of the foot from which the wart gets its name). The callus that usually covers the wart makes it tender—especially when walking. Sometimes the center of the wart has tiny black and red "dots". These are tiny, clotted blood vessels.

FLAT WARTS: These are usually on the face, neck, forearms, hands, or fingers and are flesh-colored or tan, small and flat.

COMMON WARTS: These are usually raised (with or without visible "black and red dots") and can be anywhere. They are called common warts when another name is not more descriptive.

GENITAL WARTS: These can be flat or raised fleshy growths and are located in the genital or anal area. These warts are commonly spread by sexual contact. Health care personnel should treat venereal warts.

What are wart symptoms?

Usually, one notices a bump containing red or black dots. Although plantar warts are sometimes painful when pressure is applied to the bottom of the foot, most warts do not hurt. Warts are of no danger unless they become infected. Most people have them treated for cosmetic reasons.

How are they treated?

Wart treatment depends upon the wart's location, its size, an individual's previous response to wart treatment, availability and cost of treatment, patient preference, side effects, and the time available to complete treatment. Treatment will generally be continued until the warts disappear. Forms of treatment include:

- LIQUID NITROGEN: Nitrogen is a liquid at -195.6˚ C. The clinician applies liquid nitrogen with a cotton-tipped applicator to the wart. The wart initially turns white and then resumes its normal skin color. Because of the intense cold, one may feel a burning sensation where treated. The area may blister (clear or a "blood blister"). Usually, it is necessary to repeat the treatment every 1-2 weeks.

- "ACID PAINTS": These usually contain lactic, acetic, and salicylic acids. Medical practitioners believe that acid paints damage wart cells, causing the wart to go away. Your physician or nurse practitioner will explain how to use the paint. **Do not use for genital warts.**

- PODOPHYLLIN: (25% resin in tincture of benzo- in): This is used mainly for treating genital warts. A clinician applies podophyllin with a cotton-tipped applicator. The podophyllin should be rinsed off if it begins to burn or at a time indicated by your health care provider. As the treatment progresses, the length of time that the podophyllin can be tolerated increases. (Leave it on no longer than 6 hours.)

- IMIQUIMOD: Prescription cream, used 3 times per week for up to 16 weeks, for home treatment of genital warts after evaluation by a health care provider.

- NON-PRESCRIPTION PREPARATIONS: These usually contain salicylic and acetic acids. They are relatively inexpensive and painless to use, but are generally less effective than office treatments. Follow the manufacturer's instructions. **Do not use for genital warts.**