City and Hackney Adult Viral Wart Pathway City and Had **University Hospital** Clinical Commissioning Group **NHS Foundation Trust** Clinical certainty Refer to that the lesion(s) -No dermatology is a viral wart? Yes Consider HIV testing Reassure Patients that majority of Consider warts will resolve within 18 months Immunology referral without any treatment and without ·Widespread→ if history of scars. Click for patient information recurrent viral and leaflet via www. Dermnetnz.org bacterial illness Patient requesting treatment

Anogenital

- Patients can and should be directed to self-refer to their local Sexual Health clinic for management of warts and for sexual health screen for other STIs
- Do not refer to Dermatology

Notes

Cryotherapy clearance rates; 50% - hands 10% - feet ____

Warts on the hands and or feet (verrucas)

- Explain treatment is often laborious, not guaranteed to work and that there is limited evidence on each modality
- Advise against cryotherapy, laser and surgery due to pain, blistering and permanent scarring
- An alternate night "soak-pare- paint" regime is often sufficient:
 - Soak wart in warm soapy water; pare/ file down with emery board- avoid bleeding; paint wart with any salicylic containing solution (this can be purchased OTC); apply duct tape or a plaster to wart; leave on for 24 hours.
 - Repeat alternate evenings/nights for 12 weeks**

For more aggressive treatment consider:

- Morning: soak wart in warm soapy water, file down with emery board, apply adapalene* cream or gel followed by duct tape
- Evening: Soak wart in warm soapy water, gently file down, apply Verracur gel then duct tape/plaster
- Continue treatment daily for 12 weeks**
- *Adapalene is teratogenic and may cause local irritation and unlicensed.
- ** If no resolution after 3 months, reassure that repeated treatment unlikely to be of benefit or speed up resolution of the wart

Patient information

Click for patient information from patient.info

Authors and date: Hannah Waddingham (GP Lead), Mary Sommerlad (Consultant Dermatologist), April 2017. Review April 2019

Facial/Torso/Limbs

Explain that no single treatment will definitely work.
Treatments to consider include:

- Referral to local Cryotherapy clinic however warn of risk of permanent hypopigmentation
- Topical retinoid such as Adapalene (Differin) once daily for 6-12 weeks* and is unlicensed.
- Imiquimod cream 3 times per week for 6 - 12 weeks.** Use Aldara.
- Facial warts are not routinely treated in primary care, unless GP is confident, can consider referring to secondary care.
- *Adapalene is teratogenic and may cause local irritation ** Imiquimod can cause permanent hypopigmentation, flulike symptoms and local irritation