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“IN-OFFICE” WART TREATMENTS

- **CRYOTHERAPY** - This is a cold spray (usually liquid nitrogen) used to freeze the wart. It may cause a blister.
 - The area treated will often become red and swollen. A blister may develop and occasionally this will be blood-filled, which is harmless. Blisters are best left alone but can be burst with a sterile needle if they are uncomfortable. Vaseline or aquaphor can also be applied and covered with a bandaid if more comfortable.
 - Days 2 and 3 following treatment: At this stage the area may become moist. If mild weeping, you can leave the area open to air rather covering it. You can safely wash the area with water and a mild soap substitute (avoid body wash and soap). If the weeping is excessive, try to cover the area with Vaseline and a dressing. Bathing with salt solution (1 teaspoon of salt to a cup of warm water) may help.
 - Days 3 to 4 following treatment: At this stage the area should stop weeping and a scab may form. The scab will remain in place for up to 2 weeks and then the area should heal. If the area is not healed, return to the clinic for reevaluation.
 - Final results: Many warts will require more than one treatment. If the wart is still present 7-10 days after healing, see your healthcare provider for reevaluation and further cryotherapy and or an additional alternative treatment. Cryotherapy may result in the treated area becoming darker or lighter than it was before. Although the appearance often improves with time, the color change can be permanent.

- **CANDIDA (“YEAST”) ANTIGEN INJECTIONS** - These are extracts of the common yeast (candida) that cannot cause an infection. The medication is injected into/under the wart. It is thought to stimulate the immune system to recognize the wart virus and attack it. Multiple injections are needed.
 - Itching and redness in the area of injection is to be expected, and occasionally some mild blistering and swelling.
 - The warts may turn black and the crust will fall off.
 - Rarely, systemic symptoms, like fevers and chills may develop, which is your body’s normal immune response to the Candida antigen. Very rarely, breathing difficulties may arise and are an emergency.
 - If you notice a rash after treatment, please call our office. If you develop hives take Benadryl immediately and call our office. (50 mg for older children/100 mg for adults). For children less than 5 years old, check with us about the dosage.
 - A follow-up visit is scheduled for one month after the first injection.

CANTHARIDIN or TCA - This is a topical medication applied to warts in the office. It may cause a blister.

- Cantharidin must be washed off in FOUR hours with soap and water.
- The area treated will often become red and swollen. A blister may develop and occasionally this will be blood-filled, which is harmless. Blisters are best left alone but can be burst with a sterile needle if they are uncomfortable. Vaseline or aquaphor can also be applied and covered with a bandaid if more comfortable.
- Final results: Many warts will require more than one treatment. If the wart is still present 7-10 days after healing, see your healthcare provider for reevaluation and further treatment. Cantharidin may result in the treated area becoming darker or lighter than it was before. Although the appearance often improves with time, the color change can be permanent.

PRESCRIPTION AND OVER THE COUNTER/AT HOME WART TREATMENTS

- Retinoids (adapalene, tretinoin, tazarotene), 5-fluorouracil (Efudex), imiquimod (Aldara), or Wart Peel (combination of 5-fluorouracil and high strength salicylic acid) creams are sometimes used to treat flat warts or warts on the face and other sensitive anatomical areas. They are usually applied directly to the warts once a day at night for 2-4 months and can be irritating. We often recommend covering with duct tape or other adhesive to increase penetration. These treatments should only be used as directed by your health care provider.
- “Compounded” wart formulations can be irritating and may not be covered by insurance. Generally, they should not be used on the face or groin area and should only be used as directed by your health care provider.
- Systemic treatment with oral cimetidine (Tagamet) or Zinc Sulfate may help boost the immune system against the wart virus in patients, some of the time. Initiation should only be done under the supervision of your health care provider, who can discuss possible side effects and drug-to-drug interactions of this specific treatment.
- Salicylic acid liquid, pads or tape (e.g., Dr. Scholl’s, Compound W, Duofilm, Mediplast) may be recommended. Soak the warts in warm water for 5 minutes every night. Apply the wart medicine directly to the warts, avoiding the normal skin (applying petroleum jelly to surrounding skin can help protect it). Cover the wart medicine/pad/tape with duct tape. Leave the tape in place at least overnight or, if possible, for 24 hours. Repeat these steps nightly until the wart is gone (which can take 2-4 months). Expect the skin of the wart to appear moist and white during treatment. If the skin becomes too irritated, then take a treatment break. Do not use this medicine on the face or groin area unless instructed to do so by your physician.

If you have any questions or concerns, please call the office at 203-635-0770.