

Referral Guidelines: WARTS

Reviewed and approved, May 2013

This protocol is a general guideline and does not represent the professional standard of care required of the health care provider.

This pathway should be modified as indicated, based on the health care provider's professional judgment, to meet the needs of individual patients.

Referral Guidelines: WARTS

(ICD-9 Code 078.10)

Pediatricians should consider treatment of warts if lesions are spreading, painful, interfering with daily life, or the family desires. Referral should be reserved for those patients who do not respond to the following treatments:

- Common/plantar warts on hands feet, or extremities:
Apply 17% salicylic acid solution to lesions daily following paring of the site as appropriate. If this is not successful, families can try a more complex treatment which can be performed once a week to daily, depending on the desire and time commitment of family, as well as the level of irritation that develops:
 - Soak in warm water approximately 5 to 10 minutes
 - Pare with pumice or wart file
 - Apply 17% salicylic acid (eg. Occlusal, Duofilm, Wart off)
 - Apply 30-40% salicylic acid-impregnated bandage (eg Transversal, Mediplast) over the site when the liquid salicylic acid treatment dries. Make sure the bandage is cut to cover ONLY the wart itself, not surrounding normal skin
 - Apply duct tape liberally for non-facial lesions (eg. Loosely but circumferentially around digit). Can be left in place or removed during daytime waking hours. Repeat nightly as tolerated.

Alternative approach to plantar warts: May elect to utilize duct tape alone, which can be kept in place continuously and replaced as tolerated; when replaced the wart should be gently pared after soaking. Families should be warned that irritative dermatitis can occur at sites of treatment.

- Facial flat warts
May try topical retinoid daily or every other day as tolerated. Patient should be warned regarding potential for peeling and irritation (a desired side effect).

If no response to above, consider adding Cimetidine 30-40 mg/kg/d in two to three times a day doses (eg. 300 mg/5ml suspension or 300/400 mg tablets), for 3 months. For adolescent male patients warn regarding risk of gynecomastia. Please inform families of possible drug interactions with other oral medications.

REFERRAL RECOMMENDED

- If after two months of therapy as outlined above, there is no response
- When diagnosis in question
- If patient intolerant of home therapy plan prescribed

Overall: Families should be counseled that therapy is not required if the treatment is more troublesome than the warts themselves.

REF: [Smolinski KN, Yan AC.](#) How and when to treat molluscum contagiosum and warts in children. *Pediatr Ann.* 2005 Mar;34(3):211-21. Review

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