"Why is my foot so sore?"

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A 33-year-old female presents with a verrucous plaque on her foot which can be uncomfortable to walk on. She has had two sessions of liquid nitrogen therapy and has used OTC salicylic acid for three weeks with minimal benefit. Otherwise, she is a healthy long-distance runner and would like this problem resolved.

Figure 1. Plaque present on the plantar surface of the foot.

1. What is the most likely diagnosis?
a) Corn
b) Squamous cell carcinoma
c) Verruca
d) Scar
e) Callous

2. What is the most common cause of this problem?
a) Repetitive trauma
b) Chronic sun exposure
c) HPV Type 1
d) Family history
e) HPV Type 16

3. What are the management options?
a) Intralesional bleomycin
b) Carbon dioxide or pulsed dye laser
c) Salicylic acid preparations
d) Liquid nitrogen cryotherapy
e) All of the above

Plantar warts (verruca) are most commonly caused by HPV Type 1 and less commonly by HPV Types 2 and 4. Lesions typically affect pressure points on the metatarsal area or the heel, but can present anywhere. Lesions can be isolated or multiple in number and can form into a contiguous series of warts called a "mosaic wart." Clinically, warts interrupt the natural skin lines and small black points can be seen. Plantar warts can be confused for corns or callouses; however, plantar warts have a softer center and bleeding points when pared down.

Warts are difficult to treat and there is no quick fix therapy that is guaranteed to work for everyone. Topical salicylic acid preparations used nightly are helpful and have the best scientific data supporting their use. Liquid nitrogen cryotherapy is commonly employed by physicians every one to four weeks; treatment is made more effective by treating the affected area, then letting it thaw, then quickly freezing it again. The longer and more painful the treatment, the better the results, but with more downtime. Intralesional bleomycin is occasionally employed, as is:

• cantharidin,
• curettage,
• excision and
• laser surgery. Dx

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Answers: 1-c; 2-c; 3-e