



Finger Papules

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A 23-year-old female presents with a seven-month history of papules growing and multiplying on her hand. They are asymptomatic, but unsightly.

1. What is the most likely diagnosis?

- Verruca vulgaris
- Papular dermatitis
- Molluscum contagiosum
- Prurigo nodularis
- Acquired digital fibrokeratomas

2. Which strains are associated with development of malignancies?

- 6
- 18
- 31
- 11
- All of the above

3. How might you manage this condition?

- Wait and see, most resolve on their own
- Liquid nitrogen cryotherapy
- Topical salicylic acid
- Electrodesiccation and curettage
- All of the above

Warts (verruca vulgaris) are benign proliferations of skin and mucosa confined to the epithelium caused by one of the > 150 types of the double-stranded DNA HPV. Specific HPV types often occur in specific areas, although any HPV type can be found at a particular location.



Figure 1. Papules growing and multiplying.

Clinically, HPV manifests itself as either:


- common warts,
- flat warts,
- genital warts, or
- deep palmoplantar warts.

Warts are benign proliferations of skin and mucosa confined to the epithelium caused by one of the > 150 types of the double-stranded DNA HPV.

Warts are transmitted by direct or indirect contact and disruption of the epithelial barrier is a predisposing factor. A subset of HPV types

has been associated with the development of malignancies: HPV 6, 11, 16, 18, 31 and 35; malignant transformation is most common in those with genital warts or those who are immunocompromised.

Benign neglect is the first option to consider, since 65% of warts are believed to regress spontaneously within two years. Non-treatment in patients with extensive, spreading, or symptomatic warts is not advised. The first line of therapy are the topical agents, particularly salicylic acid. Many preparations are available OTC (*e.g.*, salicylic acid), can be applied at home and have cure rates from 70% to 80%. There are several topical agents that are applied only in the physician's office and they include cantharidin and powerful sensitizing agents such as diphenylcyprone. Imiquimod appears to work best for

genital warts; studies for other types of warts are ongoing, though there likely is some benefit especially when combined with a keratolytic (*e.g.*, salicylic acid). Topical tretinoin, most commonly used for acne, appears to have benefit for flat warts. For persistent and refractory warts, intralesional injections, most commonly of bleomycin and less so candida antigen, can be performed by an experienced physician. 

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

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