

Original article:

Assessment of Clinical Profile of Patients with Viral Warts: An Observational Institutional Based Study

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Abstract

Background: Common warts have been a frustration for both patients and clinicians since early Greek and Roman times. The clinical picture of cutaneous warts differs by specific location on the body. Hence; present study was conducted to understand the clinical profile of patients suffering from viral warts.

Materials & Methods: Present study was planned to clinically evaluate patients suffering from viral warts. A total of 80 patients reporting to the institutional dermatology OPD were included in the present study. Complete family history and systemic examination details of all the patients was recorded. All the results were compiled in Microsoft excel sheet and were analyzed by SPSS software.

Results: Head and neck warts were the most commonly observed location for the occurrence of warts followed by trunk and extremities. Common warts were the most common wart observed in the present study followed by plantar wart and filiform wart.

Conclusion: Children are affected most commonly than viral warts in comparison to adults, with common wart being the most common type of viral wart observed in the present study.

Key words: Clinical Profile, Viral, Wart.

INTRODUCTION

Common warts have been a frustration for both patients and clinicians since early Greek and Roman times. They can greatly affect a patient's quality of life by causing embarrassment, fear of negative appraisal by others and frustration caused by persistence and/or recurrence.¹⁻³

HPV is a double-stranded DNA virus that causes cutaneous viral warts, most commonly located on the skin and genitalia.² Minor abrasions and infections promoted by maceration of the epithelia most frequently serve as conduits for HPV to the basal keratinocytes, the primary targets for HPV infection.³ Warts are identified by a change in the regular papillary skin lines with independent vascular sources.⁴ When warts resolve, normal dermatoglyphics return. The clinical picture of cutaneous warts differs by specific location on the body.⁵⁻⁷

Hence; present study was conducted to understand the clinical profile of patients suffering from viral warts.

MATERIALS & METHODS

Present study was conducted in the department of dermatology, People's College of Medical Sciences and Research Centre, Bhopal, Madhya Pradesh(India)and it included clinical evaluation of patients suffering from viral warts. Written consent was obtained after explaining in detail the entire research protocol. A total of 80

patients reporting to the institutional OPD were included in the present study. Only those cases were included that were diagnosed with suffering from viral warts (cutaneous viral infections). Complete demographic details of all the patients was obtained. Clinical profile of the patients was also collected.

Exclusion criteria for the present study included:

- Patients with history of any other muco-cutaneous lesion,
- Patients with any known drug allergy
- Patients not willing to give consent for the study

Complete family history and systemic examination details of all the patients was recorded. If the patient had any underlying risk factor, ELISA testing was done. All the results were compiled in Microsoft excel sheet and were analyzed by SPSS software. Univariate regression curve was used for assessment of level of significance.

RESULTS

In the present study, a total of 80 subjects were included. Among 80 subjects, 50 subjects were less than 18 years of age, while remaining 30 subjects were more than 18 years of age. 48 subjects in the present study were males while the remaining 32 subjects were females. Head and neck warts were the most commonly observed location for the occurrence of warts followed by trunk and extremities. Common warts were the most common wart observed in the present study followed by plantar wart and filiform wart.

DISCUSSION

In the present study, head and neck warts were the most commonly observed location for the occurrence of warts followed by trunk and extremities. Common warts were the most common wart observed in the present study followed by plantar wart and filiform wart. Laxmisha C et al analyzed the clinical profile of patients with viral warts. One hundred and forty four cases of viral warts were studied between September 2000 and June 2002 at the department of Dermatology and STD, JIPMER, Pondicherry. These included 81 children and 63 adults. In Children, viral warts were most commonly seen in the age group of 10 to 14 years (41.9%), whereas in adults, the most commonly seen in the age 14 to 20 years (46.03%). The average age at presentation was 11.5 years. The male to female ratio was 2.2 to 1 in children and 1.8 to 1 in adults. Family history of warts was observed in 27.7% of the cases. In children, multiple site involvement (62.9%) was more common than single site involvement. The most commonly involved site was hand in children as also in adults. In adults, single site involvement (66.6%) was more common than multiple site involvement. The most common type of wart seen in both children and adults was the common wart. Twenty percent of the cases showed koebnerization. Four cases were found to be seropositive for HIV infection, who were adult with genital warts, but florid manifestations were not seen.⁸

Gibbs S et al assessed the evidence for the efficacy of local treatments for cutaneous warts. 50 included trials provided generally weak evidence because of poor methods and reporting. The best evidence was for topical treatments containing salicylic acid. Data pooled from six placebo controlled trials showed a cure rate of 75% (144 of 191) in cases compared with 48% (89 of 185) in controls (odds ratio 3.91, 95% confidence interval 2.40 to 6.36). Some evidence for the efficacy of contact immunotherapy was provided by two small trials comparing dinitrochlorobenzene with placebo. Evidence for the efficacy of cryotherapy was limited. No consistent evidence was found for the efficacy of intralesional bleomycin, and only limited evidence was found for the efficacy of topical fluorouracil, intralesional interferons, photodynamic therapy, and pulsed dye laser. Reviewed trials of local treatments for cutaneous warts were highly variable in methods and quality, and there was a

paucity of evidence from randomised, placebo controlled trials on which to base the rational use of the treatments.⁹

Gibbs S et al assessed the effects of different local treatments for cutaneous, non-genital warts in healthy people. Sixty trials were identified that fulfilled the criteria for inclusion. The evidence provided by these studies was generally weak due to poor methodology and reporting. In 21 trials with placebo groups that used participants as the unit of analysis, the average cure rate of placebo preparations was 27% (range 0 to 73%) after an average period of 15 weeks (range 4 to 24 weeks). The best available evidence was for simple topical treatments containing salicylic acid, which were clearly better than placebo. Data pooled from five placebo-controlled trials showed a cure rate of 117/160 (73%) compared with 78/162 (48%) in controls, which translates to a risk ratio of 1.60 (95% confidence interval 1.16 to 2.23), using a random effects model. Evidence for the absolute efficacy of cryotherapy was surprisingly lacking. Two trials comparing cryotherapy with salicylic acid and one comparing duct tape with cryotherapy showed no significant difference in efficacy. Evidence for the efficacy of the remaining treatments reviewed was limited. There is a considerable lack of evidence on which to base the rational use of topical treatments for common warts. Cure rates with placebo preparations are variable but nevertheless considerable.¹⁰

Sasmaz S et al evaluated 31 consecutive patients with warts (15 female, 16 male) and 36 control cases with no evidence of disease to determine the effects of oxidative stress in patients with warts. The patients were classified according to the wart type, duration, number, and location of lesions. They measured the indicators of oxidative stress such as catalase (CAT), glucose-6-phosphate dehydrogenase (G6PD), superoxide dismutase (SOD), and malondialdehyde (MDA) in the venous blood by spectrophotometry. There was a statistically significant increase in levels of CAT, G6PD, SOD activities and MDA in the patients with warts compared to the control group ($P < .05$). However, we could not define a statistically significant correlation between these increased enzyme activities and MDA levels and the type, the duration, the number, and the location of lesions. They determined possible suppression of T cells during oxidative stress that might have a negative effect on the prognosis of the disease. Therefore, they proposed an argument for the appropriateness to give priority to immunomodulatory treatment alternatives instead of destructive methods in patients with demonstrated oxidative stress.¹¹

CONCLUSION

From the above results, it can be concluded that children are affected most commonly than viral warts in comparison to adults, with common wart being the most common type of viral wart observed in the present study. However; future studies are recommended.

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Table 1: Age wise distribution of subjects of the present study

Age distribution	Number of patients	Percentage
Children (Less than 18 years of age)	50	62.5
Adults (More than 18 years of age)	30	37.5
Total	80	

Graph 1: Gender wise distribution of subjects

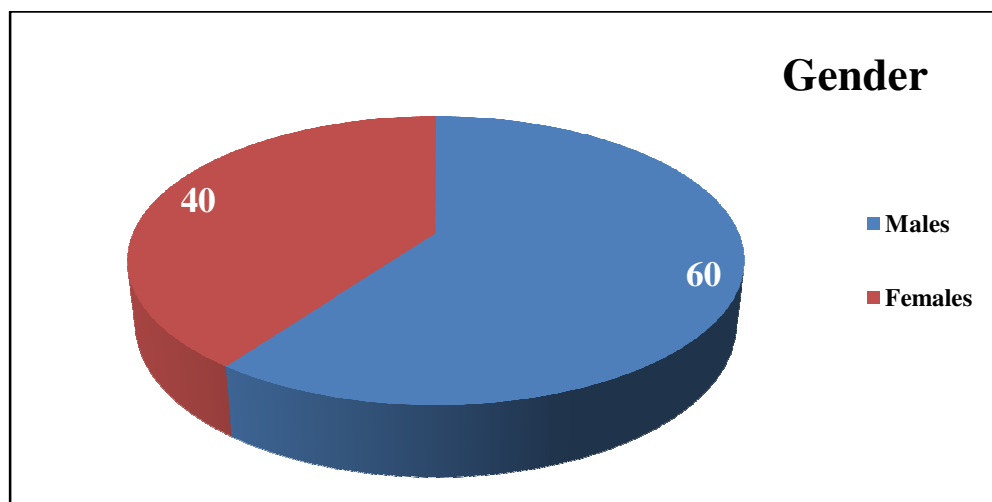


Table 2: Clinical distribution of warts

Site	Number of patients	Percentage
Lower extremity	16	20
Upper extremity	16	20
Head and neck	24	30
Trunk	20	25
Others	4	5
Total	80	100

Table 3: Clinical types of warts

Types of warts	Number of patients	Percentage
Common wart	56	70
Plantar wart	8	10
Filiform wart	8	10
Plane wart	4	5
Others	4	5
Total	80	100