Diagnosis: **WART**

GENERAL INFORMATION:
- We do not offer "surgical" removal of warts.
- For perianal warts, dermatology evaluation is not able to determine if perianal warts were acquired from sexual abuse. If sexual abuse is suspected or risk assessment is required, please contact CPS.
- There is a lower suspicion for sexual abuse if the perianal warts were acquired when the patient was <4 years of age, and there is a source for benign transmission such as 1) caregivers with current or history of warts on hands 2) maternal history of genital warts or abnormal Pap smears 3) autoinoculation (warts present elsewhere on the child).

TREATMENT RECOMMENDATIONS:
COMMON WARTS: Salicylic acid 17% solution
- Apply 17% salicylic acid liquid (Compound W or Dr. Scholl's) to the wart at bedtime.
- Cover area with duct tape
- Remove duct tape in the morning
- Pare down wart the next morning (can use a disposable nail file or 220 sand paper)
- Repeat at bedtime 3-5 nights per week as tolerated.
- If there is significant irritation or discomfort, stop procedure and wait one week before beginning process again.
- Expect to continue treatment for at least 2-3 months to resolve wart(s).

WARTS ON PALMS AND SOLES: Salicylic 40% acid plaster
- Cut piece of 40% salicylic acid plaster (Mediplast or Wart Stick) to cover wart on Monday.
- Remove plaster on Friday.
- Pare down wart with disposable nail file.
- Repeat on Monday.
- Expect to continue treatment for at least 2-3 months to resolve wart(s).

WARTS ON FACE OR FLAT WARTS: Tretinoin 0.025% cream
- Please apply sparingly with Q tip to avoid normal surrounding skin 3 times a week. Increase to nightly use if tolerated.

PERIANAL WARTS: Imiquimod 5% cream
- Please apply sparingly with Q tip to avoid normal surrounding skin 3 times a week. Increase to nightly use if tolerated.

REFERRAL GUIDELINES:
- Please try guidelines above for 3-6 months prior to initiating referral.