

VIRAL SKIN DISEASES

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WARTS (VERRUCA)

WHAT ARE THE WARTS (VERRUCA) ?

Wart is a common, discrete **benign epidermal hyperplasia** induced by different types of human papilloma virus (**HPV**).

EPIDEMIOLOGY

- Warts are very common infection all over the world.
- Both sexes are equally affected.
- All ages but rare in infancy & common in school children's.
- The highest incidence of common warts is between the age of (9 – 16 years).
- While for genital warts between 20 - 40 years.
- Warts more common in immunocompromized patients.

MODE OF TRANSMISSION

- **Major** mode of transmission is **skin-to-skin** contact.
- Minor trauma with breaks in the skin facilitates transmission.
- **Habitual nail biter** or children who suck their hand are at risk of auto-inoculation
- Shaving may spread warts over the beard.
- **Genital wart is the commonest STD.**

AETIOLOGY

- Warts caused by human papilloma virus.
- There are over 80 subtypes of HPV.
- It is a double stand DNA virus belong to papova-virus family.
- The incubation period range from **1-6 months**.
- Different subtypes of HPV are causing the disease.
- Some subtypes are **oncogenic** (e.g; cervical carcinoma caused by **HPV 16 &18**).

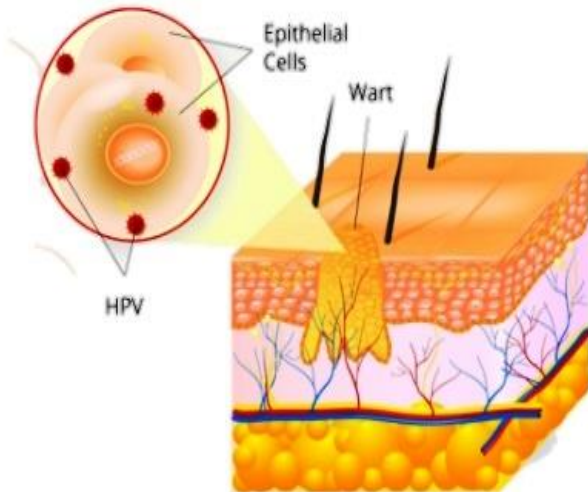
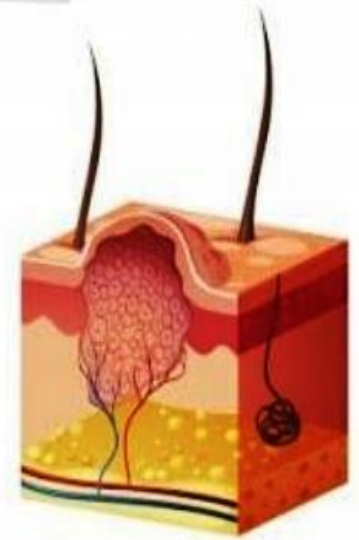
CLINICAL PRESENTATION

1. Common wart (*Verruca vulgaris*) [1,2,4].
2. Filiform wart.
3. Periungual wart.
4. Plane (flat) wart (*Verruca plana*) [3,10].
5. Planter wart (*Verruca plantaris*) [2,4].
6. Mosaic wart.
7. Genital wart (*Condyloma accuminata*) [6,11,16,18].

Warts



Wart



TYPES OF WARTS

Do You Know??

Types of Warts

Common Warts



Flat Warts

Plantar Warts



Filiform Warts



Periungual Warts



Genital Warts

COMMON WARTS (VERRUCA VULGARIS)

- HPV subtypes 1, 2, 4, 26, 27.
- Papules / nodules with rough surface.
- They may occur singly or in groups.
- Can occur any where but most commonly over dorsal aspect of fingers & hands.
- Characteristic by black dots on the surface which represents thrombosed capillaries.
- New warts may appear at site of trauma (koebners phenomenon).
- Periungual warts and filiform warts are variants of common warts.



Common warts: Multiple papules and nodules with rough surface on the dorsum of both hand.



Periungual warts: Nodules with rough surface distributed around The nails of the hand.





Filiform warts: Multiple elongated projections on the face.



PLANE WARTS (VERRUCA PLANA)

- HPV subtypes 3, 10, 27, 38.
- Slightly elevated papule with smooth surface.
- The number range from few to many hundreds.
- Skin-colored, light brown, pink, or hypopigmented.
- Shape may be round, oval, polygonal, or linear lesions (auto-inoculation by scratching).
- Common site is the face or beard area, but may be seen on dorsum of hands.



Verruca plana : Flat-topped, smooth surface, and erythematous numerous papules on the face left side.

PLANTER WARTS (VERRUCA PLANTARIS)

- HPV subtypes 2, 4.
- Rough hyperkeratotic surface studded with black dots (thrombosed capillaries).
- Usually single but may be multiple.
- Affecting the planter aspects of feet.
- When multiple warts coalesce into large flat plaque it is called mosaic wart.
- Paring using surgical scalpel will produces pinpoint bleeding spots.
- D.D : Callosities and Corns.



planter warts : Hyperkeratotic surfaces involving the planter aspects of left foot.



planter warts of right foot.



mosaic wart: where multiple warts **coalesce**
into large flat plaque.

CALLOSITIS (D.D OF PLANTER WART)

- ❑ Its circumscribed plaque of hyperkeratosis induced by repeated friction or trauma.
- ❑ Commonly seen over **weight bearing area**.
- ❑ **Smooth** surface.
- ❑ Paring using **surgical blade** will not produces the pinpoint bleeding spots.



Callosities: Hyperkeratotic plaque over weight bearing area. paring with surgical blade does not reveals any bleeding spot

Callosity



GENITAL WARTS (Condyloma Accuminata)

- HPV subtypes 6, 11, 16, 18.
- **Cauliflower** papules, nodules or **plaques**.
- Can occur solitary, multiple or in large masses.
- It is **the most common STD**.
- Seen in external genitalia of both sexes , perianal region and in anal canal .
- May affects the urethral meatus, urethra, vagina or cervix.
- **Huge** warts at risk **of malignant** changes.
- Important D.D is condyloma lata (2^{ry} syphilis).

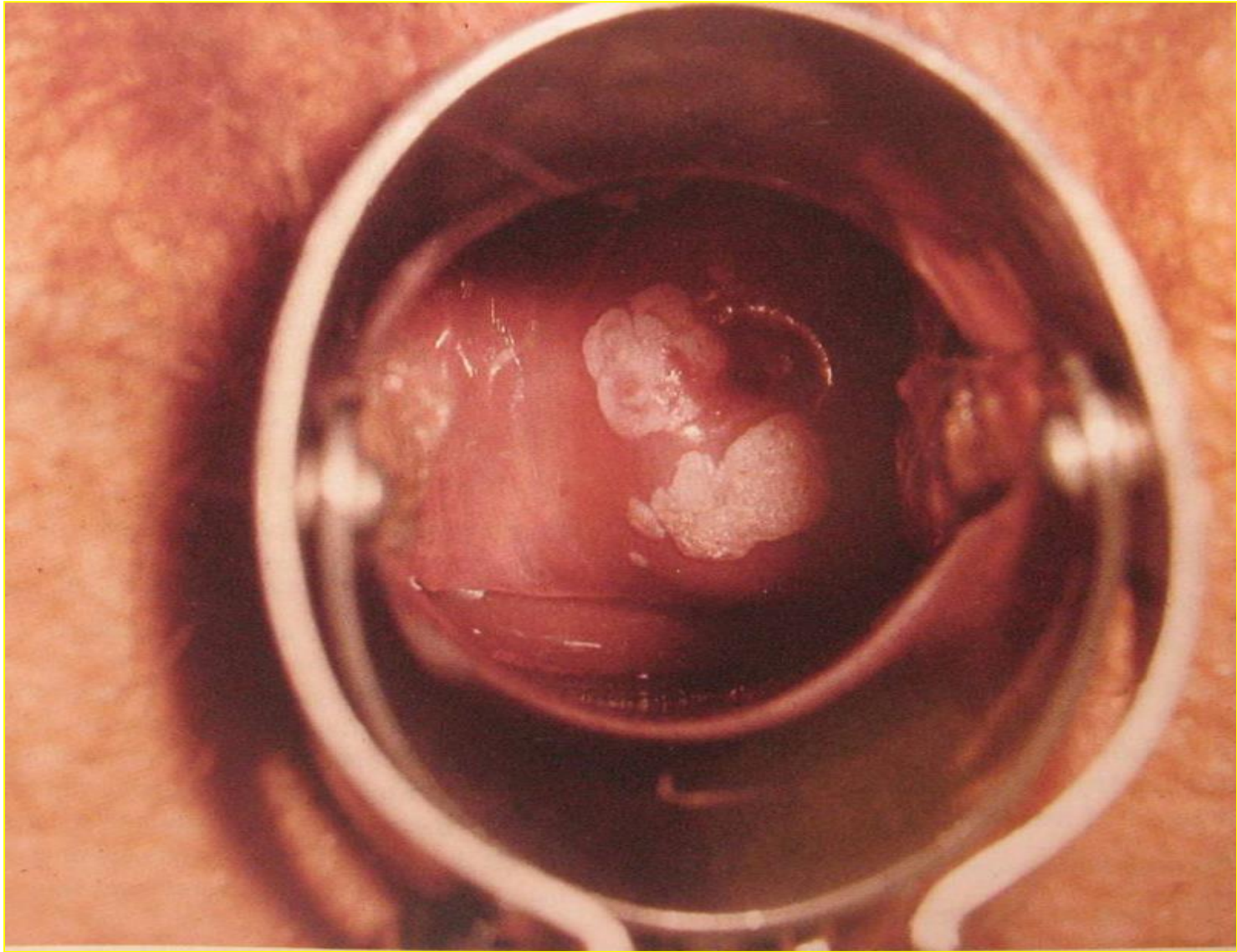


Condyloma accuminata: Multiple, soft skin-colored papules on the glans penis and shaft.





Condyloma accuminata : Cauliflower erythematous nodules On the perianal & vagina.



Condyloma accuminata uterine cervix :
sharply demarcated, whitish flat plaques in cervix.

COURSE AND PROGNOSIS

- ❑ **Immuno-competent individuals**, cutaneous HPV infections usually resolve spontaneously.
 - 50% of warts will resolve within 1 year.
 - 70% of warts will resolve within 2 years.
- ❑ **Immuno-compromised patients**, cutaneous HPV infections may be very resistant to all modalities of therapy.

DIAGNOSIS

1. History and examination:

2. Aceto-whitening test:

Acetic acid 3.5% causes some of the subclinical warts to develop shiny white surface color.

3. PCR.

4. Pap smear: For cervical and anal warts.

5. dermatopathology; give characteristic features.

TREATMENT

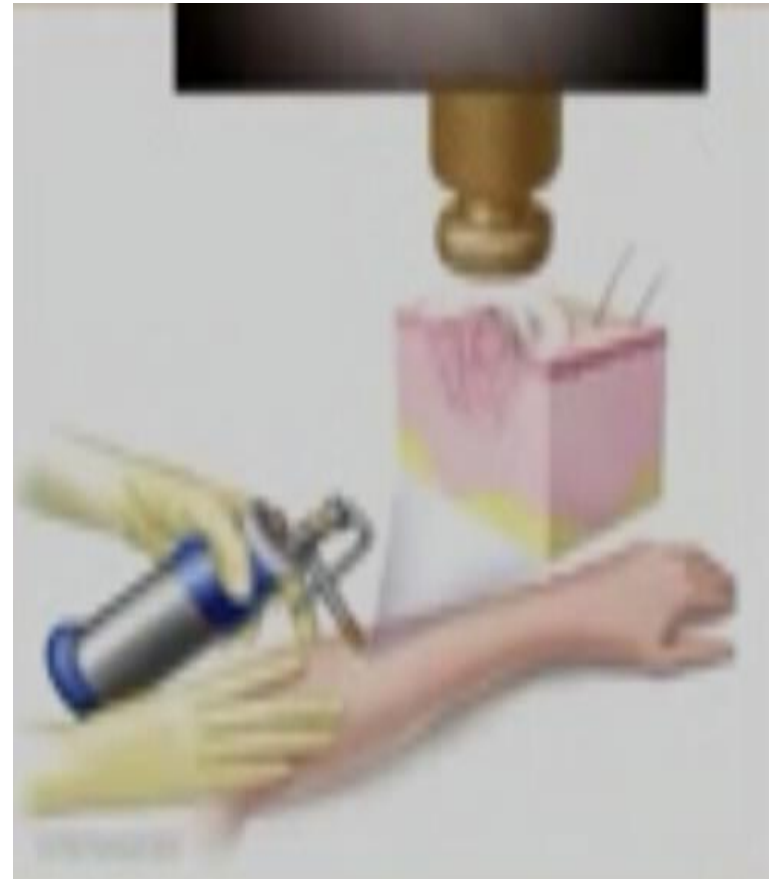
Treatment depend on number of lesions, site of wart and cosmetic disability.

- Keratolytics.(SA 3-40%, LA 10%);
In **plane warts**; SA=3-4%, **CW**=10%, **Planter Warts**=30-40%.
- Chemical cautery as TCA.
- Retinoic acid.for plane warts face but irritation common SE.
- Cryotherapy.
- Electrocautery.
- Topical 5-flurouracil.
- Podophyllin 20%.
- Imiquimod 5%.
- Laser therapy.



CRYOTHERAPY

- Using liquid nitrogen (**-196C°**).
- Quite effective.
- The procedure is minimally painful.
- Heals without scarring.
- Can be used **for all warts**.





Mark the lesion 2 mm.



Start freezing



Maintain freezing for 10 sec.

condyloma accuminata

1. Podophyllin 20% ;

- It is a cytotoxic agent that arrest mitosis.
- The treatment most commonly used for **genital** warts.
- Contraindicated during **pregnancy**.

2. imiquimod cream (Aldara).

In pregnant with genital warts;

1. electro-cautary.
2. Cryotherapy.



Exercise

Q- If you Suspect Pregnant Patient have Genital Wart, What is your Treatment ?

1- Electrto-Cauthary

2- Cryotherapy by Liquid Nitrogen (Especially in Large Wart).

Q- What is the Name of Genital Wart?, Have you Hear Another Name Resemble?, & Where ?

Condyloma Accuminatum.

Yes, in Secondary Stage of Syphilis (Condyloma Lata).

Q: What is the differential diagnosis of the planter warts? And how to differentiate?

1- Callosity.

2- Foreign Body.

Planter Wart	Callosity
Present Anywhere in Planter area.	Present Only at Pressure area.
Painful on Side to Side Pressure.	Painful on Vertical Pressure.
Black Dot .	No .
Scraping Lead to Pin-Point Bleeding.	No

MOLLUSCUM CONTAGIOSUM.

MOLLUSCUM CONTAGIOSUM.

Molluscum contagiosum is a self-limited viral skin infection, characterized clinically by skin-colored **papules** that are often umbilicated, occurring in children & sexually active adults.

AETIOLOGY

- Molluscum contagiosum virus (MCV).
- It's a large double strand DNA virus belong to pox virus family. (*The largest virus known*)

EPIDEMIOLOGY

- **Skin-to-skin contact** is the essential mode of transmission
- MC is a common disease in children and adults.
- Both sexes are equally affected.
- In children occur on **exposed skin**.
- In adults may occur in **genital skin** (STD).

CLINICAL PICTURE

- Incubation period **4 - 8 weeks**.
- The lesion is asymptomatic.
- The characteristic skin lesion is a **PAPULE** :
 - 1.** Size: Ranging from 2 – 10 mm.
 - 2.** Number: Single to hundred.(no specific distribution)
 - 3.** Color: Pearly white, translucent or skin-colored.
 - 4.** Surface: Smooth surface with **umbilicated** center.
 - 5.** **Squeezing** of lesion; give milky-white material.



Molluscum Contagiosum : Discrete, solid, skin-colored papules with central umbilication.



Molluscum Contagiosum : solid, skin-colored papules with central umbilication.



Molluscum Contagiosum : Single pearly - white papule on the shaft of penis.

TREATMENT

1. Prevention :

Avoid skin-to-skin contact with infected individuals.

2. Curettage.

3. Cyotherapy.

4. Electrodesiccation.

5. Topical imiquimod (Aldara).

Conclusion??



THANKS