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Use of a punch tool for paring plantar warts in an “awl-like” manner

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Abstract

Paring is useful for both diagnosis and treatment of plantar warts. Paring techniques generally involve scalpel blades, abrasive tools, or curettes. However, these tools do not permit the use of an “awl-like” carving technique of the wart afforded by using a punch biopsy tool. We have found this technique to be associated with greater precision and safety, as well as potentially increased efficacy compared to traditional methods.

Keywords: warts, verruca vulgaris, paring

Introduction

Paring is useful for both diagnosis and treatment of plantar warts. It can help distinguish them from calluses by revealing thrombosed vessels. It can also theoretically improve cryotherapy efficacy by reducing the “shielding” effect of hypertrophic dead wart tissue. Further, it can help alleviate wart-associated foot discomfort.

Discussion

Paring techniques generally involve scalpel blades, abrasive tools, or curettes [1]. Abrasive tools such as nail files and pumice stones can injure adjacent tissue and cause inadvertent spread. And whereas curettes and scalpels can debride effectively, they carry a risk of cutting adjacent live tissue when paring a firm wart. This risk can potentially be mitigated by using an “awl-like” carving technique. However, scalpels are too broad and curettes do not offer an “awl-like” angle since the curette cutting edge is angled ~90 degrees relative to the handle.

The use of the punch biopsy for this task involves inserting the punch tool 1-2 millimeters into the wart, after which the surgeon re-angles the tool to pare away wart tissue at an upward or “away from the patient” angle. This technique is analogous to whittling wood in that multiple quick small sequential cuts can be used to precisely remove only that which is desired. This can be especially useful for debriding firm warts in hard-to-reach areas such as the plantar foot adjacent to a toe web space (Figures 1, 2). In such settings it can potentially increase efficacy while reducing patient discomfort and bleeding risk.



Figure 1. Paring a plantar wart using a punch tool.



Figure 2. *Plantar wart after paring.*

References

1. Sterling, J. C., Gibbs, S., Haque Hussain, S. S., Mohd Mustapa, M. F., & Handfield-Jones, S. E. British Association of Dermatologists' guidelines for the management of cutaneous warts 2014. *Br J Dermatol.* 2014; 171(4), 696-712. [PMID: 25273231]