Starting With Warts, The Questions Parents Ask

Dr. Sheila F. Friedlander uses the ‘triple whammy’: salicylic acid, salicylic bandage, and then duct tape.

BY GREG MUIRHEAD
Contributing Writer

MAUI, HAWAII — Questions that are commonly asked of pediatric dermatologists by parents range from how to get rid of warts to what to do about community-acquired methicillin-resistant Staphylococcus aureus infections, reported Dr. Sheila F. Friedlander.

The director of the fellowship training program in pediatric and adolescent dermatology at Rady Children’s Hospital, San Diego, Dr. Friedlander gave some examples of the top questions asked, together with her answers, at a meeting sponsored by the University Children’s Medical Group and the American Academy of Pediatrics.

How can you get rid of my child’s warts? Warts account for 8% of dermatology visits, up to 20% of school-age children are affected. Many warts just go away. The average cure rate for warts with placebo is 27% at 15 weeks, Dr. Friedlander said.

For treatment of warts, the best evidence available comes from five trials supporting the use of salicylic acid. A 6-week study of wart treatment with duct tape at 103 children found a modest but insignificant effect: 16% duct tape vs. 6% placebo.

Although cryotherapy is not well supported by studies, and the manner of application varies widely, empirically it works. Dr. Friedlander said she uses an approach she calls the “triple whammy”: salicylic acid, salicylic bandage, and then duct tape.

If you try immunotherapy, skin test alergens are used: Candida, mumps, or Treponym. For the largest warts, inject 0.1-0.3 cc directly into the wart. Repeat the immunotherapy treatment every 3 weeks for 3-5 treatments.

The adult cure rate with Candida is 88% for local warts and 66% for distal ones. The relapse rate at 2 years is 5%, compared with 39% for cryotherapy, and 10% for laser.

Genital warts are now presentable by the quadrivalent human papillomavirus (HPV) vaccine Gardasil (Merck). It protects against HPV 6/11/16/18 and is 95% effective for as long as 4.5 years.

The Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices recommends routine vaccination of all girls ages 11-12 years with 3 doses, but it can be given at ages 9-26. The goal is to administer the vaccine prior to sexual contact.

About 30% of 9th graders and 60% of 12th graders are estimated to be sexually active. Cervical cancer, caused by HPV, is the second most common cancer in women worldwide, with 233,000 deaths per year, Dr. Friedlander said.

How can children be protected from the sun? “I always emphasize physical protection,” Dr. Friedlander said. “Get the cap on, get the clothing out, and reserve the sunscreen for are ‘those that I don’t cover.’” Sunscreens should provide UVA protection as well as UVB. Good options include Helioplex (Neutrogena), which contains a new stabilizer at strengths of SPF 30 and 45, and Anthelios (La Roche Posay), which contains mexoryl, SPF 15, she said.

Although it’s been found that a little sun exposure is good for getting vitamin D, consider food alternatives, including milk, Dr. Friedlander said.

How can warts be treated with vincristine? But it is not first-line treatment. Difficult cases may be treated with vincristine, but it is phlebitic, she said.

Large facial hemangiomas require a careful physical exam, eye exam, and cardiac exam with echocardiography. Consider cranial magnetic resonance angiography and be aware of long-term vascular occlusive risks.

Hemangiomas that present in a “beard distribution” may mark underlying arterial hemangiomas that compromise the airway.

For these, short courses of oral steroids may improve for a while but also may delay diagnosis. Pay attention also to milind and sacral lesions.

Ulcereated hemangiomas can be treated with saline compresses, topical antibiotics (mupirocin, Bactracin, mermozidazole), occlusive dressings (DuoDERM, Vigilon, Omniderm), pulsed dye laser therapy, systemic and intralestral steroids, excision, and 0.01% topical Becleranil, Dr. Friedlander said.

How about pediatric onychomycosis? Topical treatment options include cidofovir, amorolfine lacquer, bifonazole with 40% urea, and topical terbinfine.

Terbinfine 5 mg/kg per day can be used for the fingernails 6 weeks or toenails 12 weeks, but don’t exceed 250 mg. Fluconazole 6 mg/kg can be used once per week for 12 weeks on the fingernails and 26 weeks on the toenails.

Itraconazole caps 5 mg/kg per day pulse therapy can be used—two pulses for the fingernails and three pulses for the toenails, she said.

What can be done about atopic dermatitis? “Corticosteroids are very helpful, but they can cause thinning of the skin and skin atrophy,” she said. “And if too much is absorbed, they can cause stunting of growth, so we have to be careful when we use them.”

There is an emerging class of topical agents that focuses on barrier function—physiologic moisturizers. Options include ceramide formulations in special delivery systems (Cerave, Epiceram); palmitoylethanolamide (PEA); MimyX, a cream containing endogenous fatty acid; and glycyrrhetinic acid/hyaluronic acid/shea butter combination cream (Atopiclar). “They’re very expensive,” she cautioned. “You should start out with Vaseline or Aquaphor.”

Dr. Friedlander disclosed that she is a speaker on the speakers’ bureau, a consultant, and/or involved with clinical research trials for the following companies: Novartis, Connetics Corp., Aurellas Pharma Inc., Dermik Laboratories, and Graceway Pharmaceuticals.

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Human Papillomavirus Prevalence Highest in 20- to 24-Year-Olds

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Note: Data are for sexually active females.
Source: Centers for Disease Control and Prevention