Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · DERMATOLOGY

Warts and verrucas

harmless, stubborn, and often best left alone

Warts are caused by a virus infecting the top layer of skin. They are harmless, they clear by themselves once the immune system recognises them, and treatment is optional. The main reason to treat is discomfort or nuisance rather than risk.

Have a lesion checked rather than treating it as a wart if it

- is **growing, bleeding or ulcerating**, or has changed appearance
- is **pigmented, dark or has irregular colour**
- appeared in an adult over 50 and is **solitary and firm**
- is on the **face or genitals**, which need different treatment
- occurs in someone **immunosuppressed**, or is painful and spreading

Skin cancers, particularly on sun-exposed sites and the soles, are occasionally mistaken for warts and treated for months with over-the-counter products. A lesion that is not behaving like a wart should be examined rather than persevered with.

What to expect if you do nothing

~50%
clear within a year in children

~65%
clear within two years

Longer
in adults and if immunosuppressed

Doing nothing is a legitimate choice, particularly for children, and avoids months of treatment for something that was going to resolve anyway. Treat if a wart is painful, in an awkward place, spreading, or bothering you — those are good enough reasons.

Treatment that works

1. **Salicylic acid** is the best-evidenced self-treatment. Use a preparation of 15% or higher, or up to 50% for verrucas on the sole.

2. **Soak the wart in warm water for five minutes** first.
3. **File the surface down** with an emery board or pumice kept only for that purpose — never shared, and never used on other skin.
4. **Apply the acid to the wart only**, protecting the surrounding skin with petroleum jelly or a plaster with a hole cut in it.
5. **Cover it**, and repeat daily.
6. **Keep going for up to twelve weeks.** Most people stop at three or four and conclude it does not work.

- **Duct tape occlusion** has modest evidence, is harmless, and is worth trying in children who will not tolerate acid.
- **Cryotherapy** — freezing with liquid nitrogen — is done in clinic, usually every two to three weeks for several sessions. It is uncomfortable and blisters afterwards. Home freezing kits are considerably weaker.
- **Combining acid and freezing** works better than either alone.
- Persistent or extensive warts may need stronger treatments such as topical immunotherapy or, occasionally, minor surgery.

Verrucas are just warts on the sole

Pressure from walking flattens them inwards, which is why they hurt when you squeeze from the sides and why they take longer to clear. A useful sign: warts interrupt the skin lines and often show tiny black dots (thrombosed capillaries), whereas a corn or callus preserves the skin lines and hurts on direct downward pressure rather than sideways squeezing.

Limiting spread

- Do not pick, bite or shave over warts — this spreads them along the line of trauma.
- Cover verrucas with a waterproof plaster for swimming, and wear flip-flops in communal showers.
- Do not share towels, socks or files.
- Keep feet dry; wet skin is more easily infected.
- There is **no need to keep a child off school** or out of swimming lessons for a covered verruca.

Book an appointment if a wart is painful, spreading, on the face, not responding after three months, or you are not certain it is a wart. We offer cryotherapy in clinic, dermatology assessment, and minor surgery where it is needed.

Cryotherapy and dermatology in clinic

Seven days a week, 9am–7pm, on Whitechapel Road.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Dermatology** · **Minor surgery** · **Skin lesion & mole check** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE CKS guidance on warts and verrucae. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.