



Therapeutic Pearl: Topical Table Salt Sclerotherapy for Crushed digitate Wart in Pediatric Age

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Dear Editor,

Common viral warts (plane and filiform/digitate) are often chronic and resistant to treatment and their treatment might be difficult in children. So far, several approaches with varying degrees of success have been attempted. It has been observed that the capillaries of resolving warts naturally thrombose, resulting in brown to black dots on the surface of the warts (1). Furthermore, table salt and its saturated hypertonic solution (SHS) act as a topical sclerosing agent, which is effective in the treatment of pyogenic granuloma (2) and in labial mucocele as per authors' personal experience. Based on these observations and reports, the feeding capillaries of warts can be sclerosed topically with table salt and its SHS. In this letter, we propose a novel method of treating viral warts with topical sclerotherapy.

First, a mosquito hemostat was used to crush out viral warts' superficial hyperkeratotic exophytic portion (Figure 1A). After crushing the wart, its main exophytic portion was separated from the main lesion, exposing its feeding capillaries. Following that, pressure or SHS was used to stop the bleeding. The patient was instructed to rub table salt on the lesions for one week until they were raw (Figure 1B) and then to apply a warm, highly saturated solution of table salt (about 35.9%, which is approximately 40 times concentrated than normal saline 0.9%) two to three times a day for six weeks at home. The patient was examined weekly, and touch-ups were performed as needed during the follow-up. The crushed warts were healed within three to four weeks (Figure 1B). There were no recurrences of the lesions and no adverse effects of the treatment noticed at the site of the

lesions. So, we can assume topical table salt and SHS sclerotherapy as a novel, low-cost, quick, and effective modality of treatment for digitate viral warts in children. This therapy can be performed in the clinic with little equipment. Various stages of treating the warts during follow-up has been observed (Figure 2A-D). Previously, the hypertonic saline (10 to 15%) was used by the author to cure prolabial mucocele. Also, on this basis, this therapy can be suggested as an effective treatment of viral warts for adults. Further studies with larger sample size, different age groups, and skin types are required to confirm our results.

Footnotes

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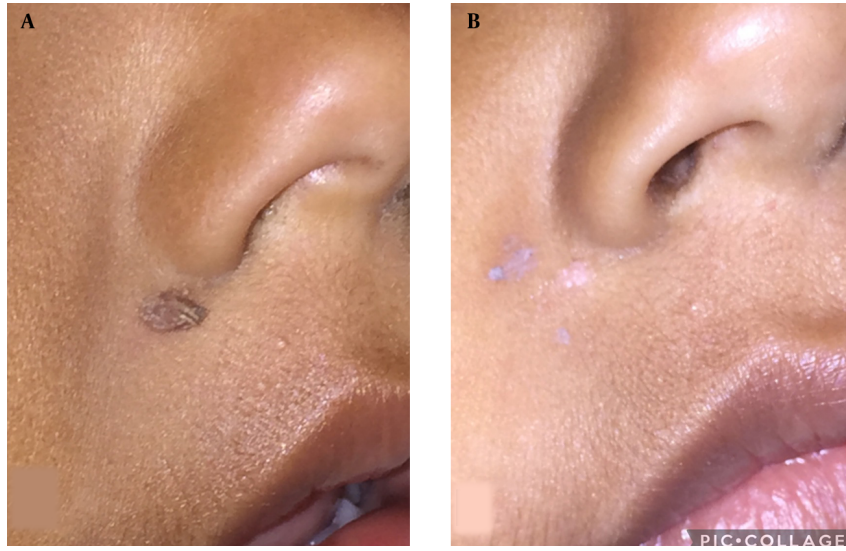


Figure 1. The wart near nasal ala sulcus (A), and lesions resolved in three week of topical salt sclerotherapy (B).

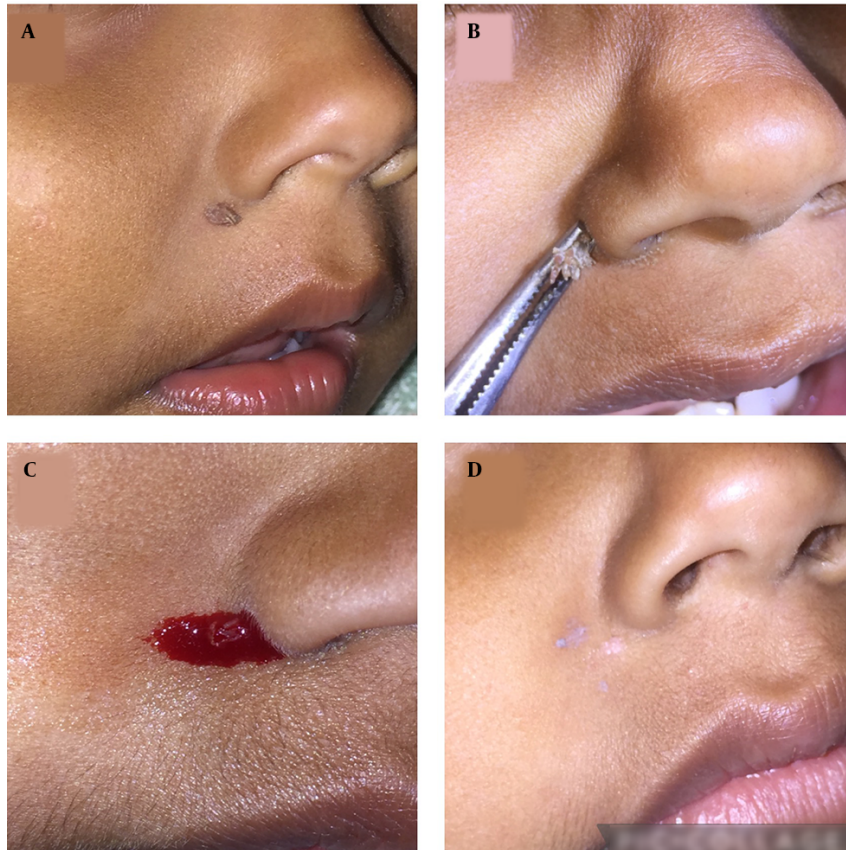


Figure 2. Different stages of the topical salt sclerotherapy for viral wart