

SKIN SERIOUSLY.

Condition: Warts

Chemical Destruction of Warts

The chemical destruction of warts is a painless alternative to office surgery. Chemical destruction is also used when there are many warts and surgical removal is not practical. You will put a medicine on your wart at bedtime, and then cover it with tape. The tape covering holds the medicine in place and helps it penetrate into the wart. The medicine gradually eats the wart away. Dead wart tissue builds up on the surface; you **MUST** scrape it off. Continue the treatment until all traces of the wart have been destroyed. This usually takes one to three months.

Here are the steps:

1. At bedtime, put a tiny amount of wart-destroying medicine exactly on your wart with a Q-tip. Put the medicine **ONLY** on the wart, as it will irritate normal skin
2. After applying the medicine, cover the wart with waterproof adhesive tape. The tape keeps your skin moist. The moisture softens the surface of the wart so the medicine will penetrate more deeply. It's all right to get the tape wet.
3. In the morning, take off the adhesive tape. If your skin starts to tear when you remove the tape, loosen the tape by painting nail polish remover (use a cotton-tipped applicator) between your skin and the tape.
4. After a few days, the outside of the wart will start to turn gray. That means that chemical has begun to destroy the wart. Scrape this gray wart tissue off with the point of a metal nail file every second to third day. Do the scraping after a bath or shower has softened the warts surface. Be sure to remove every bit of dead wart tissue: otherwise it will keep the wart-destroying machine from reaching the live tissue underneath. Sometimes a small curved scissors or a pumice stone helps in removing the dead tissue. Whatever you use for scraping your wart should not be used for anything else, as warts are somewhat contagious.
5. If the wart becomes sore, stop treatment for a few days.
6. If you don't see much progress after two to three weeks, try leaving the tape on until noon, or even longer. Stubborn warts may need to be covered continuously with tape.
7. Continue the treatment until you believe the wart is gone. If it turns out that the wart is still there after you stop treatment, start treating it again until you feel more certain it has gone away.
8. if after three months the wart hasn't been destroyed, please return for a re-evaluation.

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Hours:

Monday:

12:00 pm - 7:00 pm

Tuesday - Friday:

8:00 am - 5:00 pm

SKIN SERIOUSLY.

Condition: Eczema (Atopic Dermatitis)

Eczema refers to a chronic inflammatory disorder of the skin. Infants and young adults commonly develop eczema. It tends to run in families. Risk factors include stress, hot or cold environments, *synthetic* (man-made) fabrics in clothing, excessive sweating and other allergic conditions such as asthma and hay fever. Contact with irritants like soaps, detergents, hand lotions, skin creams, plants, dyes, topical medicines and certain foods can provoke as well as *exacerbate* (make worse) the eczema.

Symptoms *may* include:

Infants:

- Skin inflammation (swelling, tenderness, and warmth)
- Severe itching, oozing, blistering and crusting over affected area
- Red, raw skin due to scratching
- Rash that begins on the face and spreads to other body areas

Adults:

- Dry, thick brown, scaly skin
- Severe itching, especially at night
- Bleeding and crusting
- Signs of infection (pus discharge, increased pain and inflammation, fever)

What *your doctor* can do:

- Diagnose the disease by asking about your symptoms, doing a physical exam, ordering laboratory blood tests, and sometimes collecting a skin *biopsy* (removal and study of tissue).
- Prescribe cortisone (steroid) creams and lotions to decrease the inflammation, and tar creams to soothe thickened areas.
- Prescribe oral steroids to decrease inflammation and antihistamines to control itching.
- Prescribe antibiotics to treat bacterial infections.
- Recommend mild soaps, lotions, moisturizers and wet dressings to reduce discomfort.
- Recommend an ultraviolet light treatment for severe cases.

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What *you* can do:

- Finish all of the antibiotics to prevent recurrent infections.
- Reduce stress with relaxation, counseling, or lifestyle changes.
- Wash affected area only with water and use mild soaps for other areas. Too much bathing and soap tends to dry and irritate the skin further. Non-detergent cleaners such as Cetaphil, Dove, or Aveeno should be used. Avoid ivory and deodorant soaps (Zest, Coast Guard, Irish Springs) and those with perfumes.
- Avoid trigger foods to limit outbreaks and keep fingernails cut short to prevent scratching.
- Wear clothing made of cotton (dries perspiration).
- Apply skin lotions and moisturizers as directed by your doctor (especially after a bath).
- Avoid over-the-counter lotions that contain alcohol, perfumes or *dyes* (colors). Talk your doctor or pharmacist about skin preparations that lubricate and provide relief.
- Cover your infant's hands with soft cotton gloves or socks to limit scratching.

What you can expect:

- In most infants, the eczema resolves by 3 years of age without recurrence.
- Adults may suffer flare-ups chronically throughout their lives.
- Some people develop bacterial infections of the skin.

Contact your doctor if you develop symptoms of eczema.

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