

Case Report

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Verruca vulgaris and acupuncture: A case report and literature reviewUgurgül Adiyaman^{1,2}; Cetin Gökteş^{2,3}; Onur Öztürk^{1,2*}¹Samsun University, Faculty of Medicine, Department of Family Medicine, Turkey.²Samsun University, Faculty of Medicine, Traditional and Complementary Medicine Center, Turkey.³Samsun Education and Research Hospital, Clinic of Ophthalmology, Turkey.***Corresponding Author: Onur Ozturk**

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Abstract

Background: Verruca is a benign proliferation of the skin and mucous membranes caused by the Human Papilloma Virus (HPV). The disease should be treated because it is contagious, causes cosmetic problems but often in the role of being part of an unresolved process.

Case presentation: A total of 5 sessions of dry needle acupuncture treatment was applied to the patient. From the first session, the patient's complaint decreased and disappeared.

Conclusion: Acupuncture may be a viable alternative for the treatment of verruca vulgaris.

Keywords: Warts; Acupuncture; Complementary medicine.

Introduction

Verruca (wart) is a benign proliferation of the skin and mucous membranes caused by the Human Papilloma Virus (HPV). It can occur in any age group. It has been shown that age, presence in the family, social class, geographical factors and ethnic characteristics may have an effect on the incidence of verruca. The incubation period usually ranges from a few weeks to several months. The virus is transmitted through contact with contaminated items or people. Transmission depends on localization, amount of infectious virus, duration and type of contact, HPV specific status of the infected person, and factors such as trauma [1,2].

According to the morphology and localization of the lesions; clinical forms such as Verruca Vulgaris, Verruca Plantaris, Verruca Plana, Verruca Filiformis, Verruca Anogenitalis, Bowenoid Papulosis, Bushcke – Löwenstein tumor (Giant condyloma acuminatum), Focal Oral Epithelial Hyperplasia (Heck's disease), Laryngeal papillomatosis, Epidermodysplasia can be seen [2].

The disease should be treated because it is contagious, causes cosmetic problems and can sometimes be symptomatic (pain, burning and bleeding). However, aggressive and painful methods should be avoided as it is a self-limiting infection in most of the cases and can regress spontaneously. There is a possibility of recurrence of warts after treatment. HPV vaccine can play an active role in prevention [3,4].

Verruca is a common infection in practice, often in the role of being part of an unresolved process. In this case report, a case of verruca treated with acupuncture therapy is mentioned.

Case presentation

A 17-year-old female patient applied to the Traditional and Complementary Medicine Clinic in February 2022 with the complaint of crusted warts on the pulp of the first finger of the right hand, measuring 2 x 2 cm in size, which did not go away even though different treatments had been tried for 6 months.

The patient with a single lesion declared that he had never

had such a lesion before, and that there was no person in his family or around with a similar lesion. There is no history of contact or trauma.

The patient also had complaints of increased temperature around the lesion, redness, itching, and limitation of movement and fever were not described. The patient was diagnosed with Verruca Vulgaris 5 months ago in the dermatology clinic. 2 solutions consisting of 167 mg salicylic acid + 167 mg lactic acid and 5 mg 5-fluorouracil + 100 mg salicylic acid were recommended by the dermatology clinic. The patient, whose lesion did not regress, was treated with 12 sessions of cryotherapy at 10-day intervals. While the cryotherapy treatment was continuing, the patient used the callus tape simultaneously for 24 hours and for 2 weeks. The patient, who said that the crust on the lesion fell off in this process, but the root of the lesion at its base did not disappear, stated that the same crust was formed again within 1 month, despite the continuation of the cryotherapy treatment. The patient did not benefit from the treatments he received during this period.

He has a history of migraine and nephrolithiasis, he does not have continuous drug use, he has no history of previous surgery. There is no smoking, alcohol or substance abuse. There is no known history of allergy.

On physical examination, the general condition is good, oriented and cooperative. Vital signs, systemic examination and laboratory examination are normal.

Local and systemic dry needle acupuncture treatment was planned for the patient. Applications made once a week were combined locally and systemically. In the sessions lasting 20-30 minutes, needles of 0.20 x 13 mm dimensions were used. In the local acupuncture application, 4 needles were applied around the lesion (Figures 1,2). In the Systemic Acupuncture application, the number of needles varied in line with the patient's weekly additional complaints, and an average of 16 needles were placed on the body symmetrically. Du 20, Liv 3, Lu 9, H 7, P 6, Ren 3, St 36, Sp 6 points are pinned. A total of 5 sessions of dry needle acupuncture treatment was applied to the patient whose treatment was terminated in March 2022. From the first session, the patient's complaint decreased and disappeared (Figures 1-5).

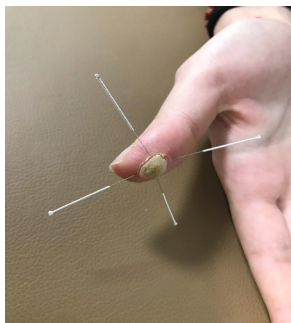


Figure 1: 1st Session (18.02.2022).

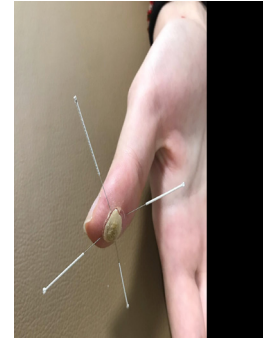


Figure 2: 2nd Session (23.02.2022).

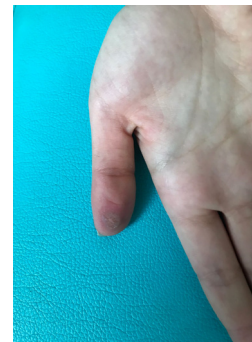


Figure 3: 3rd Session (1.03.2022).



Figure 4: 4th Session (11.03.2022).



Figure 5: 5th Session (25.03.2022).

Discussion

Verruca vulgaris is the most common type of cutaneous verruca. It is therefore valuable to resolve in clinical practice. Non-genital verruca are most common in children and young adults, with an incidence of over 10% [3]. In prevalence studies, it was found to be higher in rural areas. The highest incidence is in the 12-16 age range. It is more common in girls than boys [3,4]. Its

incidence has been reported as 3.5% in adults aged 25-34 years [2,4]. The demographic characteristics of our patient are consistent with the literature data. Verruca vulgaris is often caused by HPV types 1, 2, 4, 26, 27, 29, 57, 65, 75, 78 [5]. HPV typing was not performed in our patient. Verruca vulgaris is particularly common in areas exposed to trauma such as the tops of the fingers, elbows, and knees. Clinically, it appears as skin-colored, hyperkeratotic, exophytic papules or nodules [6,7]. Lesions can be of different sizes, as small as a pinhead or more than 1 cm. Small black dots can be seen on the surface of the verrucas. These dots represent thrombosed dilated vessels. It can be transmitted to any localization in the body by spreading through autoinoculation with the hands. Periungual verrucas are more common in those who bite their nails and may coalesce to involve the proximal and lateral nail folds. In addition, those who bite their nails may experience verrucas on the lips and tongue. Warts may combine for various reasons and turn into large skin thickenings called mosaic warts. Most warts regress spontaneously within 2 years [4]. The age of the patient or the number of warts does not affect the prognosis. Apart from untreated follow-up, there are many treatment methods applied in verrucas, but a completely effective method has not been developed yet. Among the treatment methods used, destructive treatments (Salicylic acid, Cryotherapy, Silver nitrate, Phenol, Cantharidin, Glycolic acid, Purivic acid, Citric acid, Formic acid, Trichloroacetic acid and monochloroacetic acid, Hyperthermia, surgical interventions, laser, Photodynamic therapy can be given as an example.), virucidal treatments (Formaldehyde, Gluteraldehyde), antimitotic treatments (Vitamin D analogues, Dithranol, Podophylline and podophyllotoxin, 5-Fluorouracil, Bleomycin, Retinoids, Cidafovir, Occlusotherapy) and immunotherapy (Imiquimod, contact immunotherapy, Intralesional immunotherapies, H2 receptor antagonists, other systemic immunotherapies, zinc oxide and zinc sulfate) treatments [4]. While there are only isolated case reports showing an apparent effect of acupuncture for common warts, Ning et al. performed a single-blind study and 60 subjects with flat warts were all outpatients and randomly allocated to a treatment group or a control group, with 30 patients in each group. Thirty subjects in the treatment group were treated with weekly auricular acupuncture for 10 weeks while the other subjects in the control group were treated with 0.1% of tretinoin ointment topically for 10 weeks. The findings suggested that auricular acupuncture may be a viable alternative for the treatment of flat warts [8]. Our patient is one of the rare cases in the literature where it is stated that he benefited from body acupuncture.

Conclusion

This case indicates that acupuncture may be a viable alternative for the treatment of verruca vulgaris. It is clear that more studies are needed on this subject.

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