

A Case of Widespread and Recalcitrant Verruca Vulgaris Treated Successfully with Oral Acitretin

Oral Asitretinle Tedavi Edilen Yaygın ve Tedaviye Dirençli Bir Verruca Vulgaris Olgusu

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ABSTRACT Warts are cutaneous tumors caused by human papilloma virus which tend to regress spontaneously. Immunosuppressed patients are likely to develop large, and therapy-resistant warts. In this report, a case who had therapy-resistant warts and who was treated successfully with acitretin is reported. A 25-year-old man attended to our clinic for the warts localized on his left sole. He had been treated with topical salicylic acid, tretinoin cream, and 5-fluouracil, electrosurgery and cryosurgery at different outpatient clinics but had no response. On dermatological examination, verrucous papules were detected on his left sole, on the dorsum of his toes extending to the plantar side of the foot. All of the laboratory findings were detected in normal ranges. Oral acitretin treatment was started. On the first month of the therapy, lesions regressed considerably. On the second month of therapy, lesions regressed completely. No recurrence was observed in the lesions after a one year follow up of the patient.

Key Words: Warts; therapeutics; acitretin

ÖZET Siğiller, human papilloma virüslerinin neden olduğu kendi kendine gerileme eğiliminde olan kutanöz tümörlerdir. İmmünsüprese hastalar geniş ve tedaviye dirençli siğiller geliştirebilirler. Bu yazıda tedaviye dirençli siğilleri olan ve oral asitretinle tedavi edilen bir olgu sunuldu. Yirmi beş yaşındaki erkek hasta sol ayak tabanında bulunan siğiller nedeniyle kliniğimize başvurdu. Daha önceden çeşitli merkezlerde topikal olarak salisilik asit, tretinoin ve 5-fluourasil, elektrokoter ve kriyoterapi tedavileri denenmiş ancak yanıt alınamamıştı. Dermatolojik muayenesinde sol ayak tabanı parmakların dorsumundan başlayan ve plantar yüzeye uzanan verrüköz papüller mevcuttu. Hastanın laboratuvar tetkikleri normal sınırlarda tespit edildi. Hastaya oral asitretin tedavisi başlandı. Tedavinin birinci ayında verrüköz lezyonlar büyük ölçüde geriledi. Tedavinin ikinci ayında lezyonlar tamamen geriledi. Bir yıl süre ile takip edilen hastada lezyonlarda tekrarlama gözlenmedi.

Anahtar Kelimeler: Siğil; tedavi, asitretin

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Verruca is a common disease that is caused by human papilloma virus (HPV) infection.¹ The treatment of verruca may be a serious challenge for both patients and physicians in refractory cases.^{1,2} Many of the traditional modalities to treat viral warts are primarily destructive and painful and may cause scarring.¹ In this report, we present a man with recalcitrant warts treated successfully with acitretin.

CASE REPORT

A 25-year-old man presented with extensive warts localized on his left foot. He had been having a difficulty in walking and undertaking work. He had been treated so many times and refractory to various treatments including topical application of liquid salicylic acid, topical tretinoin cream, topical fluouracil, electrosurgery and cryosurgery. Dermatological examination revealed numerous warts localized on his left foot, on the dorsal side of toes extending to the plantar site of foot (Figure 1). The other foot and the other sites of the body revealed normal dermatological findings. Routine laboratory tests including immunoglobulins, hepatitis markers, anti HIV revealed no pathology. As a treatment, oral acitretin was started and maintained at the doses of 0.5 mg/kg/day and the patient was followed up by every month for 4 months. At the first month of the treatment, the lesions regressed considerably. At the second month of the treatment, the lesions completely regressed (Figure 2). Maintenance treatment was continued for two months. The lesions did not show recurrence after one year of the treatment.

DISCUSSION

Viral warts are the most common clinical presentation of HPV.¹⁻³ Viral warts may persist for many years and be functionally and cosmetically disabling.⁴ Although 60% are estimated to resolve spontaneously within two years as a result of the

development of cell mediated immunity, treatment is frequently requested. Recalcitrant viral warts, particularly plantar warts, are one of the most common therapeutic problems presenting to the dermatologists.^{3,5} There have been a lot of reports including keratolytics, cryotherapy, intralesional bleomycin, topical retinoids, laser destruction, oral cimetidine, topical diphencyprone immunotherapy, topical imiquimod in the treatment of warts in the literature with variable efficacy.^{1,3} Keratolytics, cryotherapy, topical salicylic acid, topical fluouracil are the first choices, but intralesional bleomycin, oral cimetidine, topical diphencyprone immunotherapy may be used in recalcitrant conditions but have limited use because of their side effects (Table 1).^{1,3}

Retinoids are one of the alternative choices in the treatment of recalcitrant warts.² Retinoids are effective in epithelial cell differentiation and proliferation. Retinoids disrupt epidermal growth and differentiation by reducing the bulk of the wart. They may exert their antiproliferative effects via the enhanced expression of epidermal growth factor receptors and transforming growth factor β , a potent inhibitor of epithelial cell growth. The retinoids' antineoplastic characteristics may be a function of their ability to induce and maintain normal epithelial differentiation.^{1,6} Retinoids also exhibit immunomodulatory and anti-inflammatory effects that may help to explain their role in the resolution of inflammatory lesions.^{7,8} Harman et al, reported two patients with recalcitrant warts who



FIGURE 1. Numerous warts localized on the left foot of the patient.



FIGURE 2. The lesions regressed on the third month of therapy.

TABLE 1: Therapeutical choices in warts.

Standart treatment	Alternative treatment (topical)	Alternative treatment (oral)
Physical destruction (cryotherapy, elektrodesiccation, curettage)	Antimitotic therapy 5-fluorouracil	Cimetidine Levamisole
Chemical destruction Salicylic acid Lactic acid Silver nitrate stick	Podopyllin Retinoids Intralesional bleomycin Topical sensitization-Immunotherapy Dinitrochlorobenzene Diphenylcyclopropanone Squaric acid dibutyl Imiquimod Interferons Photodynamic therapy Laser	Zinc sulphate Retinoids

responded to acitretin therapy.⁹ Anadolu et al, reported a case with epidermodysplasia verruciformis who was treated with a combination of acitretin and interferon alpha-2a.¹⁰

Our case had used a variety of topical treatments without response and had a difficulty in walking. We preferred acitretin treatment with a low dose of 0.5 mg/kg/day and observed a considerable regression by the first month and complete regression after second month of the therapy with-

out any side effects. Maintenance therapy was continued to exclude recurrence. The medication was well tolerated. After one year follow up, no recurrence and no adverse effects were observed. Acitretin therapy may be another alternative for recalcitrant warts. Therefore, we would like to emphasize that retinoids may be used in the treatment of warts. Further studies with control groups are needed to investigate the exact effects of retinoid therapy.

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