

## A Summary of Patient Series Using New OTC Wart Medicine VIRCIN: An Office-Based Experiential Review

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Our podiatry practice is a typical office-based medical practice, with two offices in the greater Philadelphia area. Our patient population ranges from pediatrics to the elderly, with a mixed socio-economic demographic. Our practice is non-specialized and we treat almost all podiatric issues. Because plantar warts are a large part of our practice, we embarked on a project, over a 6-month period, to evaluate a new OTC anti-wart medication called VIRCIN.

A total of 12 patients with documented warts were followed start to finish in our practice from July 2013 to December 2013. Patients ranged in age from 14 to 66 years old. A new OTC medicine, VIRCIN wart gel, was exclusively used by patients to treat their verrucae of the lower extremity, including: the knee, lower leg, ankle, foot, and toes. No other treatments were provided. Biopsies were performed on most patients and confirmed verruca in all patients that were biopsied.

During the course of the study period, patients were instructed to use VIRCIN BID, in the morning after a shower with a Band-Aid and at night before bed without occlusion. The patient was further instructed to self-debride daily with a file or pumice stone before application, wash and dry the area well before VIRCIN application,

and change socks and shoes twice daily. The patient was seen every 2 weeks for reevaluation, debridement, and VIRCIN application in the office. Following completion of the study and resolution of the warts, the patient was seen 2 weeks post-clearing for reevaluation, 4 weeks post-clearing for an additional check and at 8 weeks post-clearing for a final reevaluation confirming complete resolution before discharge.

Of the 12 patients treated with VIRCIN in our practice, all warts resolved, with most in 2-6 weeks. Of particular note was a very difficult case that involved 2 large mosaic verruca measuring 2 cm x 3 cm on the plantar medial hallux and 4 cm x 5 cm plantar heel respectively that were resistant to multiple therapies for 14 months. Previous treatments by 2 podiatrists and a dermatologist were unsuccessful using oral Vitamin A, oral cimetidine,

a variety of topicals, laser and Candin injections. Biopsy confirmed diagnosis of verruca. After 20 weeks on VIRCIN all lesions resolved with no recurrence.

Based on our experience with these 12 patients, we note of particular importance when using VIRCIN was ensuring a lag time between showering and application and a lag time between application and putting on socks and shoe-gear. In addition we note that it is important to emphasize to patients to rub VIRCIN well into and on the treated lesion and letting it dry before proceeding with daily activities.

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## VIRCIN *(continued)*

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Even though the sample size was small the results with VIRCIN were very encouraging. There were little to no safety issues (minor erythema was noted when too much of the product was applied) and the product

worked well in most patients. Further evaluations with this product are encouraged.

No sponsorship or financial arrangements were established for this study.

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