Title: Successful Treatment of Multiple Recalcitrant Plantar Warts Using Intralesional Vitamin D3 Therapy - A Case report

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INTRODUCTION:

Cutaneous warts are benign epidermal proliferations caused by Human Papilloma Virus (HPV). They are classified as the third most common skin disease affecting 7-12% of the population [(1).] Common therapies used are keratolytics, electric cauterization, cryosurgery and laser ablation. However, all these therapies are associated with pain, scarring & frequent recurrences and are unsuitable for multiple widespread lesions. Immunotherapy with various antigens like PPD, MMR & BCG vaccines have been used with varying results [(2, 5)]. Few studies have been conducted on the use of vitamin D3 as an immunotherapeutic agent in cutaneous warts [(3, 4).] Here, we present a case of recalcitrant multiple plantar warts which showed complete resolution after intralesional injections of Vitamin D3. This case report is taken from the ongoing research project on the immunotherapy of cutaneous warts.

CASE REPORT:

A 30-year-old male presented with multiple plantar warts in the right foot for over two years which had failed to respond to regular treatment with topical keratolytics and electric cauterization. Most of the warts were described as painful when standing or walking. The largest wart under the great toe measured 3x3 cm in diameter. He had no significant past medical or medication history. After obtaining written informed consent, the patient was given 0.2 mL of injection lignocaine followed by 0.2 mL Vitamin D3 (Cholecalciferol 600,000 IU/mL; 15 mg/mL) as intralesional injection at the base of the largest wart at the first visit (Image 1) & subsequently at 2 (Image 2) and 4 weeks (Image 3) after the initial therapy. No dressing was required and the patient was able to move freely after each therapy. At each follow up visit, the patient was evaluated for the size of the warts, recurrence of any lesions and any adverse effects to therapy. Clinical response was graded in terms of reduction in size of warts, resolution of hyperkeratosis and the appearance of normal skin markings. At 3-month follow-up, the lesion remained fully resolved with disappearance of pain.



Image 1: 1st sitting with intralesional inj. vitamin D3



Image 2: 2nd sitting, 2 weeks after initiation of therapy



Image 3: 3rd sitting, 4 weeks after initiation of therapy

CONCLUSION:

This case report shows vitamin D3 as an effective therapeutic option for recalcitrant plantar warts in an adult in whom other modes of therapy had failed. However, there are many limitations in making conclusions from an isolated case. My research work is continuing on comparing the effectiveness of intralesional Vitamin D3 therapy with other available therapies in different types of cutaneous warts.

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BIOGRAPHY:

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