मुसा

- छालामा आउने मुसा विभिन्न प्रकारका (एच.पी.भी.) भाइरसले गराउँछन
- यो एक व्यक्तिबाट अरुमा वा आफ्नै शरीरका विभिन्न भागहरुमा चोटपटक लाग्दा सर्न वा बढ्न सक्छ
- यो सरेको महिनादेखि वर्ष भित्रमा पूर्ण रुपमा देखिन सक्छ
- सुरुमा स-साना विभिन्न रुपमा यो देखापर्न सक्छ जुन सर्दे नम्बर वा आकारमा बढ्न सक्छ
- यो रोगप्रतिरोधात्मक शक्ति कम भएमा पनि यसको संक्रमण बढ्न सक्छ
- गर्वभती अवस्थामा यो अभ बढ्न सक्छ जुन पछि फोर कम हुन सक्छ
- 🕨 ४०% मा आफै पनि हराएर जान सक्छ।
- > यो विभिन्न प्रकारको हुन्छ
 - ♦ प्लानार चेप्टे मुसा
 - भलग्यारीस (सामान्य)
 - ♦ फिलीफोरमीस (लाम्चे मुसा)
 - ♦ नङ्गको मसा

3पचार

- कुरेर हेर्ने : यदि नम्बर वा आकारमा बढी राखेको छैन भने कुर्न सिकन्छ।
- लगाउने औषधी: बिरामी आफैको निरीक्षणमा दैनिक लगाउनु पर्छ तर अनुहारमा भएको बेला सुरक्षित नहुन सक्छ।
- विजुलीद्वारा प्रचलित मेसिनबाट यसलाई पगालन सिकन्छ। यसो गर्दा पिहले नदुख्ने औषधी (एनस्थेशिया) लगाउन पर्छ।
- उपचार गरेको १ २ हप्ता पाप्रा लाग्न सक्छ त्यो बेला घाममा निस्कदा दाग नलागोस् भनेर घामबाट जोगाउनु पर्छ।
- मुसा आएको ठाउँ, यसको प्रकृति सबै हेरेर उपयुक्त उपचार गराउनु पर्छ।

Cutaneous Wart

- This is an infectious disease which is caused by the different species of Human Papilloma Virus (HPV)
- HPV is usually transmitted by contact with skin of an infected individual or by transmission of virus living in warm, moist environment
- Autoinocculation may occur from traumatising lesion by biting or scratching
- Incubation period is unknown but may range from months to years
- The disease may start as a small, solitary papule which gradually increases in number and size
- The disease severity also depends upon the immunological status of the patient
- Warts may worsen in pregnancy and then regress afterwards
- In 40% of the cases, it may resolve on its own
- Sunlight may serve as co-carcinogen in transplant patients
- Depending upon the site there are various types of warts:







DISHARC

P.O. Box No, 8975, EPC, 4193, Maharajgunj, Kathmandu, Nepal Phone, +977-1-4721500, 4721900, 9813616169 Email, info@disharc.comf disharc@hotmail.com www.disharc.org

1. Verruca plana or flat warts:

As the name suggests typical lesions start as a very small skin coloured to slightly brown papule (smooth flat topped) which gradually increase in number



typically present on the face & extremities.

2. Verruca vulgaris:

Present as smooth, confined, flesh colored papule which develop into plaques, over a period of time.

Lesionsare seen over the hand (palmar wart), foot (plantar wart).

Mosaic warts: have multiple superficial lesions that fuse intolarge tile-like plaques.

Myrmecia warts: are dome shaped and are deep endophytic growths that are typically painful Capillaries trapped inside the wart may be seen with debridement of wart surface & can be used to differentiate from corns.



Most frequent type

3. Verruca filiformis:

This is also an infectious form of wart and such a name is given due to the finger like appearance of the wart; long frond-like projections which can grow rapidly.

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4. Periungual warts:

Many times found in children who bite their nails but can also affect adults

Tend to be hyperkeratotic papules that often show peeling & roughening of the surface





Multiple modalities are available for the **Treatment** of warts, but none is uniformly effective. Start with the least painful, least expensive and least time consuming methods

- 1. Observation
- 2. Destruction with Electrodessication and curettage,
 - Need to first anesthetize the area then remove verruca with surgical blade
- 3. Cryotherapy with liquid nitrogen (freeze thaw 2 cycle) is applied to each wart until 1-2 mm of surrounding skin has turned white
- 4. Keratolytic therapy, 5-20% Salicylic acid, 5-20% Lactic acid,
- 5. Canthraridin, Podophyllum resin,
- Tretinoin may be used to treat flat warts in children.