Re: L Craw, A Wingert, I Lara-Corrales. Are salicylic formulations, liquid nitrogen or duct tape more effective than placebo for the treatment of warts in paediatric patients who present to ambulatory clinics? Paediatr Child Health 2014;19(3):126-127.

To the Editor;

I was so disappointed in the article written by Craw et al (1) in the March 2014 issue of *Paediatrics & Child Health*. How could the authors do such a cursory review of the literature on treating warts and come up with such wrong conclusions? It is obvious that they concentrated on only the four articles referenced and did not examine the individual study designs and flawed conclusions. They also didn't bother to look at the letters to the editor in response to these articles. The duct tape studies are terminally flawed, and it needs to be pointed out that both of the clear duct tape studies cannot be compared with traditional rubber-based adhesive duct tape studies at all. Please refer to the letters I have written about this (2,3).

It is also noteworthy to point out that duct tape is a waterproof barrier, similar to a condom. It is the only treatment that may actually help to decrease the rate of transmission. There are also numerous articles documenting that combination therapy with occlusion with duct tape appear to be very effective for children (4).

This article really serves no purpose and does not critically review the published literature on the topic. Clearly, further well-designed studies need to be performed to assess the use of duct tape in treating warts. In my practice it is extremely effective, particularly when combined with other topical agents under occlusion including salicylic acid formulations.

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2. Samlaska C. Clear duct tape is not duct tape. Br J Dermatol 2011;165:432-3.
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4. Kim SY, Jung SK, Lee SG, Yi SM, Kim JH, Kim IH. New alternative combination therapy for recalcitrant common warts: The efficacy of imiquimod 5% cream and duct tape combination therapy. Ann Dermatol 2013;25:261-3.

The author responds;

Dr Samlaska laments the fact that our review of therapy for warts did not emphasize the major limitations of the duct tape studies. All were small studies and, as Dr Samlaska has pointed out, the two that showed no efficacy studied clear duct tape (1,2) while the one that did show efficacy studied traditional industrial-grade duct tape (3). If the effect of duct tape is related to some component of the tape rather than to occlusion alone, this could explain the discrepancy in the results of these trials.

The purpose of the Evidence for Clinicians column is to make clinicians more aware of the published evidence on common paediatric problems and to be able to provide evidence-based management options for paediatric patients. Although anecdotally Dr Samlaska and other clinicians have found duct tape alone or in combination with other therapies to be effective for warts, the limitation of this observation is that warts are self-limited and, unfortunately, there is a lack of literature backing up this observation. To resolve this issue, there is a need for large randomized trials investigating traditional duct tape. Ideally, such trials would compare standard therapy (cryotherapy or salicyclic acid using currently recommended regimens) with duct tape alone and with duct tape combined with standard therapy.

Dr Samalska argues that duct tape may prevent transmission of human papillomavirus. Because human papillomavirus is commonly present in normal skin (4) and shedding probably occurs for weeks to months before a wart is visible to the naked eye, it appears to be unlikely that covering all warts with duct tape will have a major effect on transmission.

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