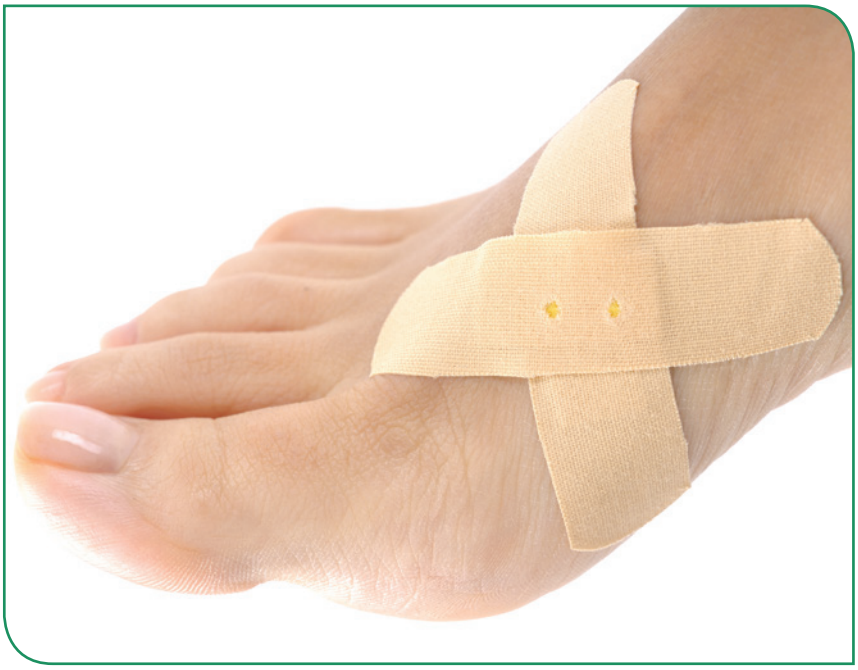
PODIATRY

Feet & Practice

A foot health message from
Friendly Feet Podiatry

Treatment of pedal keratosis



After an initial wound check and treatment, the majority of patients with pedal keratosis can be given instructions for at home care. Patient education should include advice on keeping the injured area clean and protecting damaged skin from infection. Pumice stones can be useful for corn and callus reduction, and patients should be advised to contact a podiatrist for immediate medical attention if corns emit pus or fluid or if calluses are cut and bleed.

Some patients may benefit from a topical treatment of salicylic acid, but these therapies should come with strong warnings about the danger to healthy tissue and any treatment plan involving salicylic acid should not be made available to high-risk patients as decreased sensitivity leaves groups including diabetics, the elderly, and patients with visual or cognitive impairment, at risk for salicylic acid poisoning and serious soft tissue infection as a result of the treatment.

Surgical removal of calluses is an option for serious cases, however, plantar calluses in particular are prone to grow back and so surgery is a short-term solution and is only advisable for serious cases after consultation with a podiatrist. For most patients, the podiatrist will be able to remove the hardened surface of a callus by scalpel to reveal softer skin that should respond to at-home treatments, including creams to soften the callus and make them easier to remove with a pumice stone.

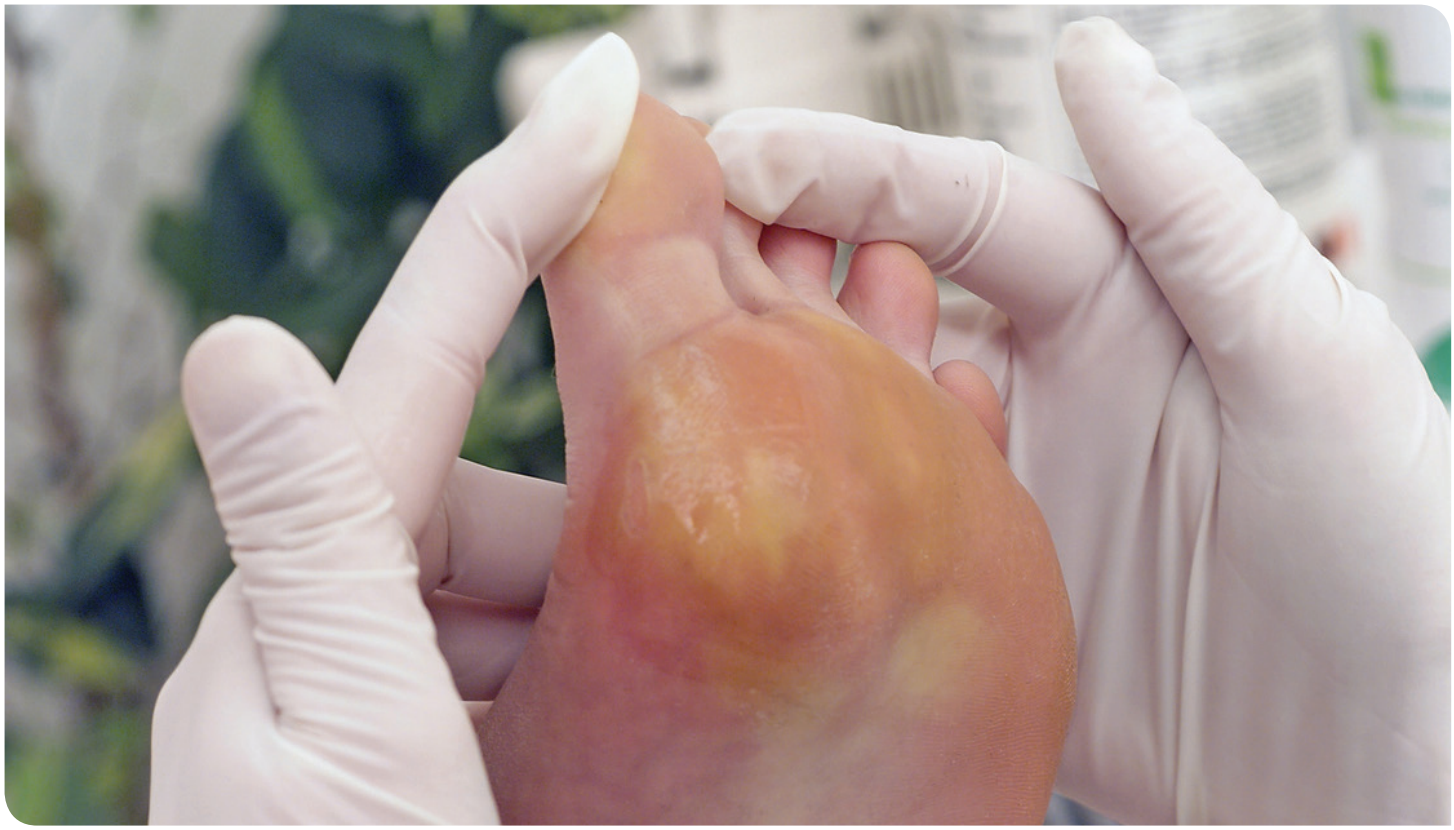
Patients should be advised to change footwear while pedal keratoses are healing and to ensure that shoes are professionally fitted to prevent future injury. Properly fitted socks can also help to prevent pedal keratosis and careful daily foot maintenance will prevent minor injuries from becoming serious.

If left untreated, seemingly minor skin conditions such as corns and calluses can lead to serious podiatric complications. Patients with diabetes and other conditions involving peripheral neuropathy or circulatory disorders, and other groups including the elderly and those who are visually or cognitively impaired, are more prone to pedal keratosis and are at increased risk of these minor skin problems becoming serious.

Pedal keratosis is characterised by hard tissue growth on the upper layer of skin on the feet, usually in the form of corns and calluses. The causes of pedal keratosis include increased friction and pressure due to extrinsic factors such as inappropriate or poorly fitted footwear, and from poor biomechanics. Bony growths in the form of hammertoes, bunions and arthritic deformities make patients more susceptible to increased pressure loads and to the formation of blisters and other small injuries.

Patients in high-risk groups with reduced immune response will suffer from longer healing times and increased rates of infection. The serious consequences of untreated pedal keratosis include ulceration, abscess and osteomyelitis along with soft tissue infection that can lead to sepsis and amputation.

All patients with pedal keratosis should be given treatment instructions. At home care is effective for most patients and patient education should include the risk factors for serious injury if these minor conditions are not allowed to heal. High-risk patients should be referred to a podiatrist for a thorough examination and treatment plan.



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