



## Case Report on Non-Surgical Treatment for Foot Corn

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### ABSTRACT

Calluses and corns are almost similar in origin which reflects as thick, hardened layers of skin that develops when one's own skin develops its own defense mechanism to protect itself against friction and pressure. Feet, toes fingers and hands are the most commonly affected areas with corn. Corns are usually unsightly. Treatment for corns is required only if it cause any discomfort for daily day-to-day activities. In most of the cases, by simply eliminating the source of friction or pressure makes corns to disappear by its own. Diabetes patients are usually at high risk of developing corns due to poor blood circulation to the feet. A 22 years old female patient was admitted to female general medicine with chief complaints of hardened skin at 5 sites over the sole, which had pin pricked pain at the time of walking, which made daily activities at great discomfort. On examination patient presented with 5 raisen and hardened bump like structures on the sole of right leg, which is given in the figure 1. Patient was completely recovered from foot corns after regular use of 12% w/w salicylic acid ointment twice a day for a period of 15 days. Thus, form the case report it is clear that non-surgical procedure helps to treat foot corns appropriately and counseling sis mandatory in cases with corns to prevent future growth of corns.

### INTRODUCTION

Calluses and corns are almost similar in origin which reflects as thick, hardened layers of skin that develops when one's own skin develops its own defense mechanism to protect itself against friction and pressure[1]. Feet, toes fingers and hands are the most commonly affected areas with corn. Corns are usually unsightly[2]. Treatment for corns is required only if it cause any discomfort for daily day-to-day activities[3]. In most of the cases, by simply eliminating the source of friction or pressure makes corns to disappear by its own[4]. Diabetes patients are usually at high risk of developing corns due to poor blood circulation to the feet. Symptoms of corn include appearance of thick, rough area of skin, hardened and raised bump, tenderness or pain under the skin, flaky, dry or waxy skin[5]. When compared to calluses, corns are smaller in size and have a hard center surrounded by

inflamed skin. Corns usually develop in the areas that donot bear weight like tops and sides of the toes and even between the toes[6]. Also sometimes seen in weight bearing areas. Friction and pressure from repetitive actions cause corns and calluses, which may result from wearing ill-fitting shoes, skipping socks, and playing instruments or using hand tools. Other risk factors for corns include bunions, hammertoe, foot deformities and not protecting your hands[7].

### CASE STUDY:

A 22 years old female patient was admitted to female general medicine with chief complaints of hardened skin at 5 sites over the sole, which had pin pricked pain at the time of walking, which made daily activities at great discomfort. On examination patient presented with 5 raisen

and hardened bump like structures on the sole of right leg, which is given in the figure 1. Patient was not a known case of diabetes, hypertension and chronic kidney disease. Patient was immunized up to age and no significant allergies reported. Coming to past medical history, patient

had a known history of corns over the sole of left leg which was treated surgically by removing the corn doing incision at the site of discomfort and removal of death cell tissue. From the past medical history and presenting signs and symptoms patient was diagnosed with FOOT CORNS.

**Figure 1: Appearance of corns over the feet (Before treatment)**



#### **DISCUSSION:**

All the vital signs of the patient were quite normal, patient was not reported with any other complications like diabetes, HTN, and no history of fall-off. Thus, the patient was suggested to wear a soft touch sandals to prevent repeated regression over the feet region that makes it difficult to walk. Patient was prescribed with anti-histamine like levocetirizine at a dose of 5mg to be taken orally twice a day for 1 wk. Patient was also prescribed with 12%W/W salicylic acid and advised to apply at the sites of corns twice a day for a period of 15 days. Patient was also advised to visit after 15 days to remove any remnants present at the site of wound. Counseling was also provided to the patients which

included points like to wear shoes that gives plenty of room to the toes, usage of protective coverings like wear felt pads/non-medicated corn pads/bandage over areas that rub against the footwear, wear padded gloves when using hand tools.

#### **CONCLUSION:**

Patient was completely recovered from foot corns after regular use of 12% w/w salicylic acid ointment twice a day for a period of 15 days. Thus, from the case report it is clear that non-surgical procedure helps to treat foot corns appropriately and counseling is mandatory in cases with corns to prevent future growth of corns.

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