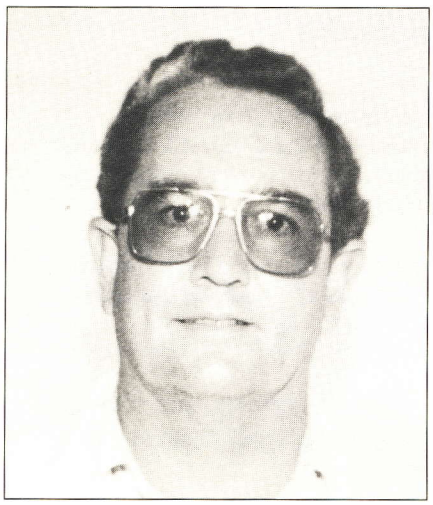
Common Warts - an unusual presentation - H A Brathwaite



Dr H A Brathwaite MBChB, DA(SA) MFGP
Medical Centre
14 St Matthews Road
East London
5201

Curriculum vitae

Dr Brathwaite was educated at the Diocesan College in Cape Town before going to Stellenbosch where he obtained an MBChB. After some time in Frere Hospital as a Medical Officer, he joined a private group practice in East London in 1968, where he is still practicing. He obtained the DA(SA) from the College of Medicine, a MFGP and is currently busy with the MPraxMed programme (part time) at Medunsa. Dr Brathwaite has been a member of the Academy of Family Practice since 1986 and actively involved in Vocational Training. His hobbies are tree farming, hiking, fishing windsurfing and tennis.

Summary

A study of a patient with unusual presentation of warts (verugae Vulgaris) where the more important early warning signs of a family in distress was missed and the greater illness was masked by disease. Was the fault lack of experience, or lack of training, or both?

S Afr Fam Pract 1990; 11: 18-20

KEYWORDS:
Warts; Case report; Family Practice; Physician-Patient Relations

Introduction

II had recently started as a partner in a busy suburban group practice. I was very aware of my lack of practical experience but equally proud of my recent and up-to-date clinical acumen and knowledge of the latest technology.

One Saturday morning a mother brought her child to see me at the surgery. He was Hilton, aged five and was complaining of an incredible outbreak of warts on his hands, elbows, face and knees. The family consisted of mother, father and three children - Hilton, having an older brother, Henry and a younger sister, Heidi.

The family had recently moved to town after a failed farming venture, and both mother and father worked. Hilton and Heidi were cared for by the neighbours during the week days and Henry was a weekly boarder at a local primary school. I had been recommended to them by their neighbours who were my patients. Then, as even now, it was a good feeling to learn you had been recommended to someone by your patients.

Presentation

Five year old Hilton was covered in warts. To this day I have not seen so many warts in various stages of development on one small boy. No wonder he seemed shy and withdrawn and even cringed and burst into tears as I tried to examine him.

Undaunted, I set out on a marathon of conservative treatment. Excision, cautery and cryotherapy were out of the question unless followed by a complete skin graft. So a caustic pencil and daily application of Ung Emulsificans Aqueous Cream as a moisturiser was tried.

Over the next 18 months, a variety of creams and lotions were applied religiously - consisting mostly of Salycilic Acid and Podophyllin and Vibrosis by mouth was tried, and the odd large wart was frozen with Liquid Nitrogen.

Sometimes the condition of the skin improved and the number of warts diminished and sometimes it seemed worse. I was flattered because, despite my lack of success in treatment, both Hilton and his mother became my friends. Hilton often would not want to leave my room and once had to be forcibly removed.

Henry and Heidi were hardly ever ill and seemed to be Dad's favourites - particularly Heidi who could never do a thing wrong and was held up as an example to the ever naughty and disobedient Hilton.

. . . Common Warts

Mr S was a very strict and domineering father. He appeared to have a drinking problem but could never be pinned down. He had attacks of gout, was obese and hypertensive, fairly well controlled on Aldomet. Mrs S was timid, tense and asthmatic.

The house visit opened a pandora's box of signals that this was a family in distress

---

I remember being amazed at what seemed a disproportionately large fee paid by their medical aid for the treatment of warts, which in fact I did not cure. In fact, I was secretly amazed that the family kept on coming back to me.

A dermatologist arrived in town where previously no service had existed and Hilton was referred to him. The same year Hilton started school as a boarder.

Hilton was miraculously cured after a few applications of Groote Schuur Hospital wart remedy. I felt a bit of a bumbling fool and was most impressed by the dermatologist's cure. I did wonder why my similar treatments had not worked and considered the possibility that Hilton had "grown out" of his affliction.

Then came the stock market crash of '69. Both parents lost their jobs. One day I was called to the house because Mr S had severe gout and Mrs had a bad asthma attack and they could not come into the surgery.

The house visit opened a pandora's box of signals that here was a family in distress. The unkempt garden, dirty green pool with a rusty wheelbarrow in it, the odd broken window and untidy house with yesterday's dirty plates and pans still in the greasy sink. The dirty ashtray and smell of stale tobacco suggested Mrs S had started smoking again, and empty and half empty bottles of wine and spirits confirmed the drinking problem.

I dealt with the problems as best I could and resolved to call the social welfare to investigate. Henry and Heidi were trying to tidy up and on asking them after Hilton, I was told he was getting his usual punishment in the garden. I found him in a burlap sack hanging by a rope from a tree at the bottom of the garden. He was frightened and full of warts again.

When confronting the parents again, they said it was none of my business and it was their standard treatment for disobedience. He had been warned and knew that if he wet his bed or soiled his pants he knew what to expect !

When the social worker arrived a few days later they were gone - never to be seen or heard of again, leaving a

---

It is easy to be wise in hindsight

---

string of debts behind them. The neighbours thought they had gone to Johannesburg. The social worker blamed her slow response to a very genuine heavy workload. I blamed myself and have often wondered what became of the family.

Discussion

It is always easy to be wise in hindsight. Mea Culpa ! I do blame myself, but there were extenuating circumstances.

I was not aware of doctor/patient relationship.[1] I had not learned of

---

. . . he was crying out for help while I was only treating his warts

---

open ended consultation or continuity of care[2], as opposed to episodic care[3] and dilution of responsibility[4] and holism and patient centred care and paternalism.[5]

I had not heard of Michael Balint, Ian McWhinney, Nigel Scott, Freeling and Harris, nor Crouch and Roberts.

There was no Academy of Family Practice. No departments of Family Medicine at the Universities, and there was no vocational training.

How would I approach it now? I would firstly have kept better records. Briefly recording the subjective complaints and objective findings, and assessment and a plan (SOAP).

I would have done a genogram either at the first or second consultation and would have tried to foster a good doctor/patient relationship right from the start to create an ongoing, nonjudgmental caring relationship in which the patient would feel free to bring up any problem and still find me on their side.

. . . Common Warts

I would try to compare the clinical diagnosis to their personal diagnosis and to see how it was influenced by environment, family and culture.

I would have done more to develop a relationship with Mr S and shown a nonjudgmental attitude, and I would have paid more attention to his life style rather than drug therapy for his gout, obesity and hypertension.

I would have discussed my frustrations and feeling of inadequacy with our patient group, and they would soon have solved the problem and helped my feelings of failure and frustration.

What were the early signs I missed because I did not know how to look for them? They must have been in financial difficulty having lost their farm. They must have been under stress starting a new life, making new friends, starting school, bringing up small children. Mrs S suffered from asthma and "nerves" and Mr S obviously had a drinking problem. There were obvious interpersonal relationship problems in the family, which would or could lead to future

---

A well-trained, caring family doctor with a holistic approach could have helped this family in distress

---

psychosomatic problems. Hilton was cringing and shy, not from what I assumed was embarrassment by his warty appearance, but rather to child abuse which I totally missed over a period of 3 years. I was not aware of his enuresis and encopresis and he must surely have been crying out for help, while I paternalistically treated his warts and allowed him to be forcibly removed from my room.

It is now obvious that his removal from his environment to a school hostel cured his warts and not the dermatologist. Why else should the warts break out again as soon as he went home for holidays or was punished?

Compare the clinical diagnosis to their personal diagnosis

What has happened to the family twenty years later? Did Mr S die of a coronary, or cirrhosis of the liver, or a stroke?

Did Mrs S get emphysema or have a nervous breakdown?

Did Heidi grow up to be molested by her father? Was Henry a domineering and aggressive male chauvenist?

What of Hilton? Did he survive to become a father and a child molester as well?

We will probably never know. What I do know is the only person who could have handled this situation and put the whole family on a road to health and happiness would have been a well trained, caring family doctor with a holistic, patient-centred approach to medicine.

If you are ever back in town, Hilton, and your wife brings in your son complaining of warts, I hope I will do better the second time around.

References:

1. Freeling Paul, Harris Conrad M. The Doctor Patient Relationship. 3rd edition, Churchill Livingstone, 1984.
2. Scott Nigel C H. Primary Health Care Springer Verlag, 1983; 3: 21-32
3. McWhinney Ian R. Introduction to Family Medicine. Oxford University Press 1981, 5: 44-52
4. Balint M. The Doctor, His Patient and The Illness. 2nd Edition, Churchill Livingstone, 1986; 1-9.
5. Crouch Michael A, Roberts Leonard. The Family in Medical Practice - A Family Systems Primer: Springer Verlag, 1987.