



Effective Health Care

Effectiveness of Treatments for Corns and Calluses

Next Steps

The nominator is interested in using a new systematic review about the effectiveness treatments for corns and callouses to inform practice.

Due to limited program resources AHRQ will not further assess this topic at this time. We identified three systematic reviews which may be useful for the nominator. No further activity on this topic will be undertaken by the Effective Health Care (EHC) Program.

Topic Summary and Considerations

Topic Name and Number: Effectiveness of Treatments for Corns and Calluses, #705

Date: 7/31/2016

Key question from the nomination:

In adults with specific medical conditions, what is the effectiveness of treatment of corns and calluses by a healthcare provider on health outcomes?

- Hyperkeratotic lesions on the feet, or corns and calluses, are areas of thickened skin that develop to protect that area from irritation.
- Treatments without the need for a healthcare provider include filing with a pumice stone, moisturizing the area, applying padding to the site, and wearing properly fitting shoes. Health care providers might pare down the corn or callus in the office.
- Typically trimming of corns and calluses is routine foot care and not covered by insurance. However there are exceptions for individuals with certain medical conditions that result in poor blood flow to the legs and feet, such as peripheral vascular disease, and/or numbness [1]. The most common medical condition in the US is diabetes mellitus.
- The presence of a callus could be predictive of developing a foot ulcer in an individual with diabetes [2, 3]. The underlying issues causing corns and calluses could cause other more serious problems such as foot ulcers, infections, or amputations. In addition use of at-home treatments, particularly strategies aimed at paring down the corn or callus, might inadvertently injure the skin of the foot and lead to the development of an ulcer or infection.
- While we are unable to further assess this topic at this time, these references may be useful to the nominator.
 - Dy SM, Bennett WL, Sharma R, Zhang A, Waldfogel JM, Nesbit SA, Yeh H, Chelladurai Y, Feldman D, Wilson LM, Robinson KA. Preventing Complications and Treating Symptoms of Diabetic Peripheral Neuropathy. Comparative Effectiveness Review No. 187. (Prepared by the Johns Hopkins University Evidence-based Practice Center under Contract No. 290-2015-00006-I.) AHRQ Publication No. 17-EHC005-EF. Rockville, MD: Agency for Healthcare Research and Quality; March 2017. www.effectivehealthcare.ahrq.gov/reports/final.cfm. doi: <https://doi.org/10.23970/AHRQEPCCER187>.

- Netten et al. Prevention of foot ulcers in the at-risk patient with diabetes: a systematic review. *Diabetes Metab Res Rev* 2016; 32(Suppl. 1): 84–98. DOI: 10.1002/dmrr.2701
- Schaper et al. Prevention and management of foot problems in diabetes: A Summary Guidance for Daily Practice 2015, based on the IWGDF guidance documents. *Diabetes Research and Clinical Practice*. 2017. 124(1) 84-92.

References

1. *Medicare Benefit Policy Manual. Chapter 15 – Covered Medical and Other Health Services*. 2017, Centers for Medicare and Medicaid Services: Baltimore, MD.
2. Armstrong DG, B.A., Bus SA, *Diabetic Foot Ulcers and Their Recurrence*. *NEJM*, 2017. **376**(1): p. 2367-75.
3. Monteiro-Soares M, B.E., Ribeiro J, Ribeiro I, Dinis-Ribeiro M, *Predictive factors for diabetic foot ulceration: a systematic review*. *Diabetes Metab Res Rev*, 2012. **28**(1): p. 574-600.