

# Corns & Callouses

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## Do You Know The Difference?

Corns and callouses are thick areas of the skin that form as a result of repeated pressure on the area over a long period of time. The skins hardens and eventually dies, forming a tough hard area of dead skin that may vary in color and thickness. When these formations occur on the bottom of the foot, they are referred to callouses. When they occur on the top or in-between the toes, they are referred to as corns.

Generally, corns form as a result of another common condition of the foot called hammertoes. This condition occurs when the toes become bent into a claw-like position. Corns form as a result of the toes

rubbing against each other, or by rubbing against the shoes. Corns most often form over a bony prominence such as a joint.

Callouses most often form on the ball of the foot, but can form anywhere on the bottom or sides of the foot. They can become quite large and very painful. Callouses are especially dangerous for the diabetic patient as these areas can break down producing an ulceration that can become infected.

**Patients with diabetes should never trim or cut callouses or corns, nor use any home remedies or over-the-counter medications for treatment.**

**Diabetic patients should always see their primary care physician or podiatrist for treatment of corns or callouses.**

Women tend to form more corns and callouses than men. This is most like a result of ill-fitting shoe wear. Shoes that are too narrow in the toe box cause toes to rub together and corns may form.

Often times, corns may be confused with warts. Although warts may form anywhere on the foot, corns generally form on top of or between the toes. There are differences in the appearance also. Corns may appear "waxy" and often times have a hard core that

is visible to the naked eye. Warts appear rough and may vary in color and texture. Warts may multiply but corns will not.

Please see comparison pictures below.



WART



CORN

## Corn Types

There are two types of corns. **Hard corns** are the most common type. They are caused primarily by ill-fitting shoes and toe deformities. They usually develop on the tops and tips of the toes and on the sides of the feet. **Soft corns** usually occur as the result of bone abnormalities in the toes. They develop between the toes and are sometimes referred to as "kissing corns."

### Hard Corns

In many people, the toes curl downward and do not lie flat. Fitting curled toes into shoes with tight toe boxes is the most common cause of hard corns. The toes remain curled

inside the shoe and press against the inside of the shoe, usually at the toe joints. Additionally, the tip of the curled toe presses against the sole of the shoe. The skin compensates for this added pressure by thickening at the point of contact and hard corns develop to protect the underlying structure.

### Soft Corns

Soft corns typically develop between the fourth and fifth toes when one of the toe bones (phalanges) is slightly too wide. Normally, phalanges are hourglass-

shaped and the ends are wider than the middle. Soft corns result when the ends of the toe bones are too wide, causing friction in between the toes. This problem is aggravated by tight-fitting shoes. People with normal toe bones can also develop soft corns. This condition is especially common in women who wear high-heeled shoes with narrow, tapering toe boxes. These shoes shift the body's weight to the front of the foot and often do not provide enough room for the toes.

Source: [www.podiatrychannel.com](http://www.podiatrychannel.com)

## Keep Your Feet Fit For Life Checklist

Did you know that the feet often provide the first sign of more serious health issues, such as diabetes? That's why it's important to have your primary care physician or family doctor "knock your socks off" and check your feet every time you go in for a checkup. After all, foot and ankle health is important to your overall well-being, mobility, and pursuit of fitness.

People with diabetes need to pay special attention to their feet and watch carefully for any signs of complications. Here's a checklist of Do's and Don'ts for you or your family members who have diabetes:

### Do's

Inspect feet daily for cuts, blisters, scratches, redness and swelling.

Remember to inform every doctor you visit that you have diabetes.

Wash feet daily; always dry carefully between the toes.

Powder feet, lightly after bathing.

Cut toenails straight across.

Keep feet warm and dry.

Use a good skin lotion to protect your feet from cracking and drying, but not between toes.

Wear loose-fitting socks to bed if feet are cold; never use heating pads or hot water bottles.

Wear comfortable, well-fitting shoes.

Inspect the inside of shoes for foreign objects and torn lining each time you put them on.

### Don'ts

Don't walk barefoot, even indoors!

Don't smoke. Smoking reduces blood circulation; this can lead to the loss of a leg.

Don't cut corns or calluses yourself.

Don't use caustic chemical agents or any other irritants for the removal of corns and calluses.

Don't wear open-toed shoes, particularly sandals with thongs between toes.

Family members can play an important role in ensuring that their loved ones keep their feet fit for life. If someone in your family has diabetes, share this checklist with them and remind them to visit their podiatrist. Education and awareness are helpful allies in the prevention of diabetes and its complications.

