

Skin Disorders in Wrestlers

A photograph of two male wrestlers in a physical struggle. The wrestler on the left is wearing red singlet trunks, and the wrestler on the right is wearing blue singlet trunks with white stars and stripes. They are both leaning forward, with their heads and shoulders pressed against each other, in a classic wrestling stance. The background is dark and out of focus.

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Skin Disease in Wrestlers

- Infections
 - Fungal
 - Viral
 - Bacterial
- Traumatic
- Contact dermatitis

Fungal Infections

- Red, scaling
- Itching
- Occasional pustules, papules, abscesses
- Rings
- Body, face, scalp



Fungal Infections

- Spread depends on
 - Size of inoculum
 - Portal of entry
 - Immune status of recipient
- Size of inoculum
 - Direct contact
 - Indirect contact



Unusual Appearances of Tinea

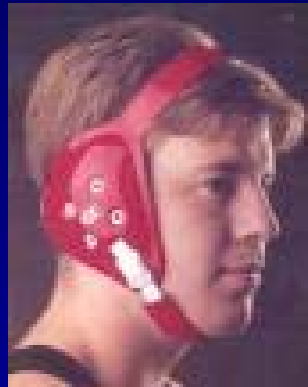


Tinea at Other Sites

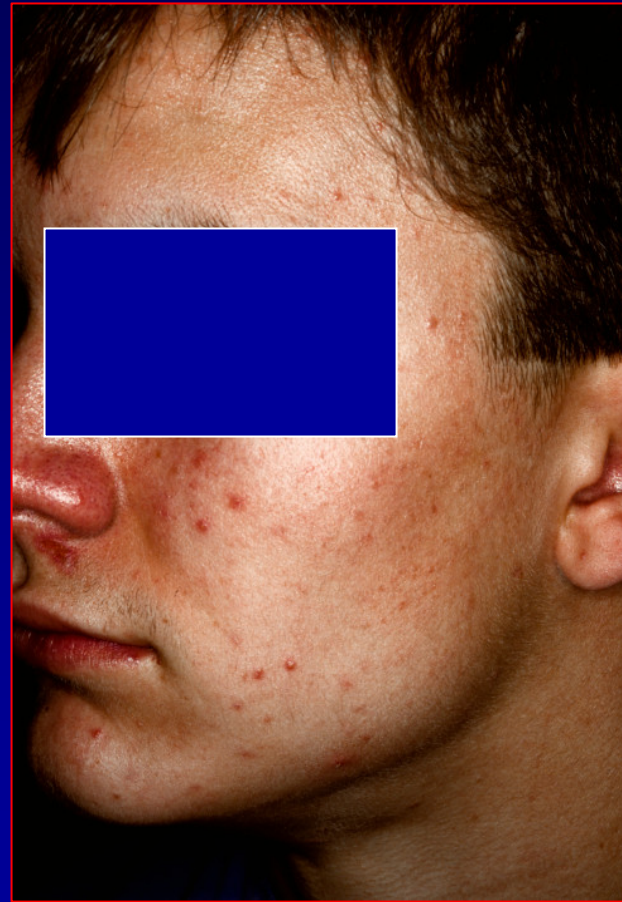


Indirect Sources of Infections

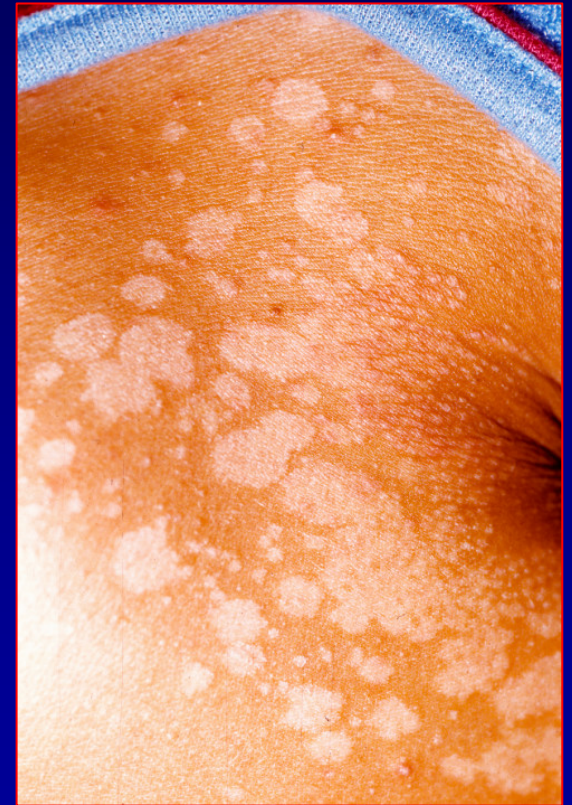
- Mats
- Chairs
- Headgear
- Towels
- Uniforms
- Lockers/baskets



Tinea Incognita



Tinea Versicolor



Treatment of Fungal Infections

- Topical - cream, lotion, gel
 - OTC
 - Lotrimin (clotrimazole)
 - Lamisil (terbinafine)
 - Rx
 - Loprox
 - Spectazole, Oxistat
 - Naftin
 - Twice a day
 - At least 3 weeks
 - One week beyond clearing
- Oral - tablet, capsule
 - Rx
 - Griseofulvin
 - Lamisil
 - Diflucan
 - Sporonox
 - Twice a day
 - At least 3 weeks
 - One week beyond clearing

Herpes Simplex

- Latent virus - cluster
- Contagious as papules, vesicles, open sores, early crusts
- Type 2 and Type 1 interchangeable
- Painful
- Lips, body, genitals



Herpes Simplex

- Contagious until all lesions are crusted
- No participation until crusts are gone
 - Portal for secondary infection
- Localized or generalized
- Recurrent



Herpes Zoster

- From the chickenpox virus
- AKA Varicella Zoster
- Pain first
- Latent virus, lives in nerve roots
- Same healing as HSV
- Not recurrent



Molluscum Contagiosum

- Waxy, dome-shaped, umbilicated “bb”-sized papules, not filled with fluid
- Spread by direct or indirect contact
- Contagious until removed

Cryotherapy

Curettage

Acid



Hand Foot & Mouth Disease

- Coxsackie virus
- Spread through respiratory route and saliva
- Accompanied by fever, pharyngitis, pain to touch
- Duration 10-14 days



Bacterial Folliculitis

- Pustules
- Due to
 - Strep pyogenes**
Rheumatic fever, nephritis
 - Staph. Aureus**
Sepsis, osteomyelitis
 - Pseudomonas**
Hot tubs
- Predisposing factors
 - Shaving, haircuts, eczema



Impetigo

- Bacterial infection
- Staph. Aureus
- Blisters and crusts
- Contagious during all stages of healing
- Localized or generalized
- All infected athletes should be cultured (tested) by their physician



Treatment of Impetigo/folliculitis

- Wash affected areas with antibacterial cleanser - chlorhexidine
- Wash clothing, etc. with hot water and chlorine bleach
- Topical antibiotic (mupirocin/Bactroban) 3 times a day
- Oral antibiotic preferred

Methicillin Resistant Staph. Aureus (MRSA)

- Hospital and now
Community acquired
- Can result in deep,
invasive infections
- May require long courses
of intravenous antibiotics



http://www.cdc.gov/ncidod/hip/aresist/ca_mrsa.htm

MRSA

- Reason to culture infected individuals and all contacts (weight class) [skin and nose]
- Predisposing factors: physical contact, skin damage, and sharing of equipment or clothing

http://www.cdc.gov/ncidod/hip/aresist/ca_mrsa.htm

The End!

