Skin Disorders in Wrestlers

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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 Incognito
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
  - Sporonoxx
- Twice a day
- At least 3 weeks
- One week beyond clearing
Herpes Simplex

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

- Contageous 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 Contageosum

- 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

- Coxackie 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!