

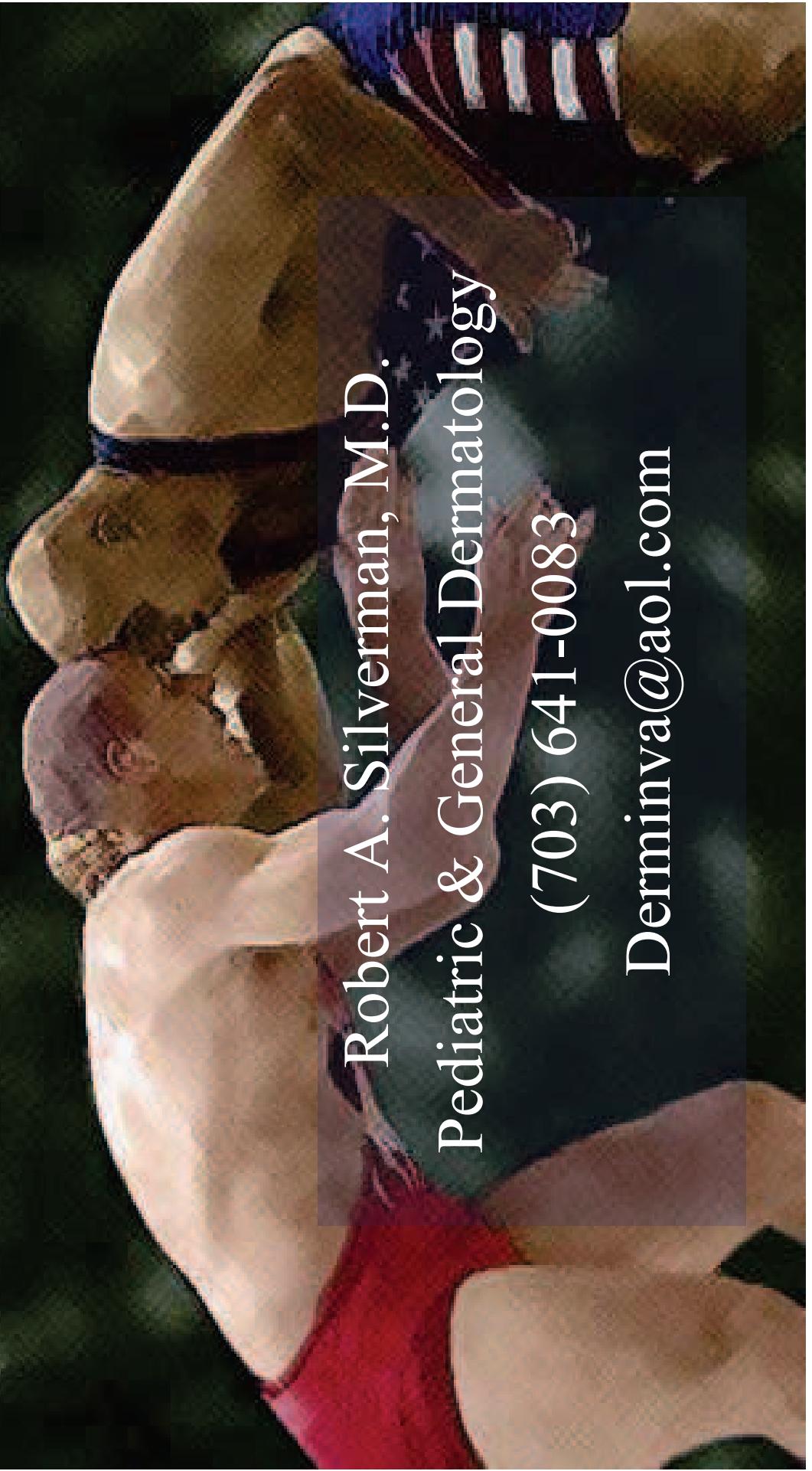
Skin Disorders in Wrestlers

Robert A. Silverman, M.D.

Pediatric & General Dermatology

(703) 641-0083

Deminv@aol.com



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

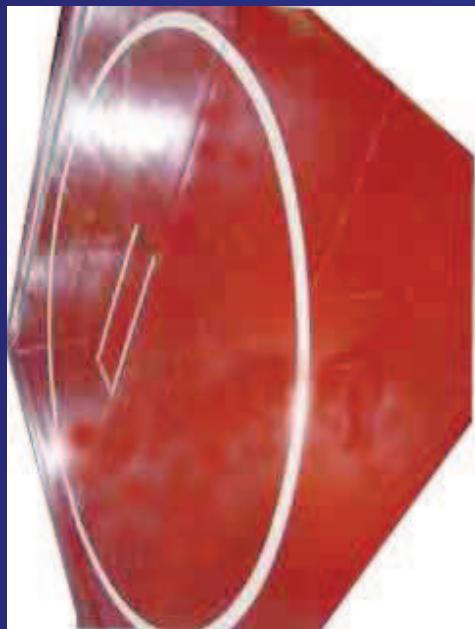
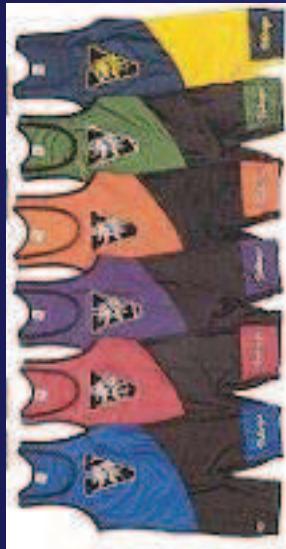


Tinea at Other Sites



Indirect Sources of Infections

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



Tinea Incognito



Tinea Versicolor



Treatment of Fungal Infections

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

