

SKIN INFECTIONS AND THE WRESTLER
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Wrestling is a sport with direct body contact including rubbing, scraping and occasional breaking or abrading of the skin. As a result, each year bacterial, viral, and fungal skin infections can occur and spread from athlete to athlete, sometimes infecting large numbers of wrestlers within and between schools. Once infection is widespread among teams, it is not uncommon that control measures have to be instituted at regional tournaments that eliminate would-be winners from competition. The New York State Public High School Athletic Association governs interscholastic sports in NYS. It has given officials the right to disqualify an athlete with a suspected skin lesion. Delays in getting a proper diagnosis and treatment on your part could result in disqualification. So this year, let's be work to keep skin infections to a minimum. *(Control measures should not be thought of as a cure for or a guarantee against getting a full blown infection)*

PART I: COMMON TYPES OF SKIN INFECTIONS

IMPETIGO is a skin infection with small sores, red bumps, or blisters that may spread, become wet and weepy, crusted with a honey colored scab, or will not heal. The germs that cause impetigo are staph and strep, and are found normally in humans. As long as sores are present and untreated, the infection can spread to yourself or others. The only way to get rid of the germs is by antibiotic therapy. In milder cases, a topical antibiotic may be prescribed by your doctor. In more serious cases or in cases where topical antibiotics fail, an oral antibiotic may be prescribed and must be taken to completion, even if the lesions heal beforehand. In some cases, the staph or strep may be resistant to traditional antibiotics, so if a lesion is not getting better after 48-hours of therapy, your physician must re-evaluate it. Keep your entire body clean by washing with soap once daily, dry thoroughly with a clean, dry towel, and wear clean dry clothes. An athlete who spots an unusual sore should alert his parents and coach. If you are diagnosed with a case of impetigo, you may not wrestle until 48 HOURS AFTER THERAPY, and if you return to play, the lesions must be covered with a dry bandage. Do not wrestle with someone who has sores. Alert your coach or an official.

HERPES SIMPLEX can cause one or more sores with blisters usually around the mouth (e.g. cold sores). This is a viral infection. Virus may shed for at least a week after the infection and sometimes for months, making it contagious to those who come in direct contact. While some oral anti-viral agents are sometimes used by doctors, often the lesions run their course without treatment. Topical creams and ointments don't usually work. Because herpes can spread rapidly among wrestlers, anyone with a cold sore may not wrestle UNTIL THE LESION IS COMPLETELY HEALED, since accidental breaking of the scab could result in viral shedding. It's important to understand that you do not want to catch or spread a Herpes infection. Once infected with Herpes, always infected with Herpes. It will lay dormant and re-emerge on and off over the course of a lifetime. Do not wrestle with someone who has cold sores. Alert your coach or an official.

RINGWORM, or tinea, is caused usually by a fungus, and occasionally by yeast, not by a worm. These are organisms that grow best in a warm, moist, dark place. It is an infection which can attack hair follicles and nails as well as skin. The crotch (jock itch, crotch or jungle rot), the feet (athlete's foot), armpits and the skin (ringworm) are at most risk in your age group. The fungi and yeast occur everywhere in the environment and are transmitted by direct contact with infected humans. The skin lesion is usually rounded and red within a clear edge. It may have a scaly, blistery or pus filled pimples border. Sometimes the center appears clearer than the margins, so a ring is formed. It may be very itchy. Untreated, it will often spread, not only on the person who has it, but also to others who rub against an infected person. A fungus or yeast reproduces by spore formation. In a heavily involved individual, or when numerous individuals in the same space, like a locker room, have lesions, the spore count in the air may be high. Spores may be released in the air, on locker room floors, in showers or on wrestling mats waiting for the next warm, wet, and dark place to grow.

Treatment for mild cases of ringworm when hair or nails are not involved may be topical anti-fungal creams, such as over the counter (OTC) preparations such as Tinactin, Lotrimon, or Mycostatin. However, the more widespread use of these OTC creams has resulted in some resistance to treatment. Also, when hair or nails are involved, topical therapy is of little use. In instances of hair and nail involvement, and if lesions have not responded to OTC medications used according to package instructions, or if the infection is widespread, it is necessary for an individual to seek care from their physician, so that either stronger topical agents and/or oral anti-fungal drugs can be prescribed. Keep your body clean, dry your body well, especially in the crotch, armpits, and between fingers and toes, and use only CLEAN, DRY CLOTHES, TOWELS AND SNEAKERS DAILY help to prevent infection. Discuss with your parents and physician other preventive measures such as the use of a selenium body wash (such as Selsun Blue shampoo) instead of soap, or protective anti-fungal foam rubs. ***These are not cures***, but are used as a means of keeping down spore formation which ***may*** help to contain the spread of infection. Daily inspection of the skin is essential. Any athlete with a known or suspected case of ringworm on the skin **MAY NOT WRESTLE UNTIL TREATMENT HAS BEEN UNDERWAY FOR 72 HOURS**. For hair involvement, treatment is required for one week before an athlete may return. Any remaining lesion after treatment must be completely covered. Do not wrestle with someone if you suspect he has untreated ringworm. Alert your coach or an official.

MOLLUSCUM CONTAGIOSUM, is a benign viral infection of the skin usually without significant symptoms. Small flesh colored dome shaped bumps commonly occur on the trunk, face, or extremities. They are usually few in number, but can be more widespread, especially in people with eczema or immune compromise. It is spread by direct contact and can be transmitted in towels. Skin lesions usually go away by themselves without treatment, but in extensive cases, treatment may be helpful to shorten the course, which can last in some cases for years, though normally the course is weeks to months. Since infectivity tends to be low, in general students with molluscum are not restricted from wrestling unless there is a major outbreak. However, an official could exclude a student for lesions observed at mat side, so if you think you have it, remember to alert your coach and try to keep the lesions covered.

PART II: WHAT TO DO

1. Report any sores, blisters, itchy red spots, or other skin lesions on yourself to your coach and see your doctor as soon as possible. Don't forget to check between your fingers and toes, under arms, and in your crotch area.
2. Only wrestle on a mat that has been disinfected and dried between wrestlers.
3. Change and wash your clothes DAILY. Use a clean, dry towel DAILY. Dry well. Do not share clothes, towels, or equipment with anyone.
4. Use shower thongs in the locker room.
5. Do not wrestle with someone who has visible sores or lesions without first checking with your coach or an official, but do so respectfully of the other person's feelings. Remember, the same may be done about you by someone else.
6. Discuss with your parents and physician whether to use an anti-fungal body wash or protective spray. Remember, even using preventive measures does not guarantee you won't get a skin infection.
7. Check your skin daily during the season and seek help as soon as you spot something.