



69th ANNUAL MEETING

New Orleans, La. • February 4-8, 2011

ATHLETES PRONE TO A RASH OF SKIN CONDITIONS

Dermatologists caution athletes to seek early diagnosis and treatment to prevent spread of infections

NEW ORLEANS (Feb. 4, 2011) – Team sports have a long history of fostering cooperation, camaraderie and a healthy competitive spirit among athletes. But the closeness that brings athletes together also can create an environment for a host of contagious skin infections. Now, dermatologists are urging teammates and coaches to be aware of the most common skin conditions caused by bacteria, viruses and fungi that occur in athletes and educating them on how to prevent a widespread outbreak.

Speaking today at the 69th Annual Meeting of the American Academy of Dermatology (Academy), dermatologist Brian B. Adams, MD, MPH, FAAD, associate professor of dermatology at the University of Cincinnati School of Medicine, discussed skin conditions resulting from skin-to-skin contact among athletes and how to prevent outbreaks in sports teams.

“Outbreaks of ringworm, herpes, and methicillin-resistant *Staphylococcus aureus* (MRSA) have occurred at the high school, collegiate, and professional level throughout the world,” said Dr. Adams. “These skin conditions are highly contagious and can spread through sports teams quite quickly, especially if they are not immediately diagnosed and contained. That is why athletes need to be aware of these risks and how to spot the warning signs of a skin infection.”

Bacteria Pose Real Threat to Athletes

Wrestlers, among other athletes with skin-to-skin contact, are particularly at risk for developing impetigo – a highly bacterial infection of the skin characterized by honey-colored crusted, red areas which may be itchy. Occasionally, blisters may occur.

MRSA, a type of staph that causes infections that are resistant to common antibiotics such as methicillin, penicillin, amoxicillin and oxacillin, may sometimes be responsible for impetigo. MRSA outbreak also may appear as a pimple, boil or abscess, sometimes with draining fluid or pus. These lesions may be red, swollen, warm and tender to touch.

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Dr. Adams spearheaded a recently published review of the occurrence of MRSA in athletes that found that physical contact, shared facilities and equipment, and poor hygiene all contribute to the incidence. He added that research indicates that football is the most commonly reported sport for athletes to be exposed to MRSA infections.

“Football players experience a variety of factors predisposing them to MRSA infections,” said Dr. Adams. “These include skin injuries that can occur on the playing field, turf burns from artificial turf that can worsen skin trauma, and even an athlete’s ingrown toenail can lead to a MRSA infection. Some athletes are even carriers of the bacteria in their noses.”

Rapid diagnosis and therapy are crucial in treating MRSA and preventing the spread among team members. The topical antibiotic mupirocin can be an effective treatment for some, yet Dr. Adams noted that those who have developed a resistance to this topical medication will require an oral antibiotic.

Viruses: Easily Spread, Hard to Contain

One common virus that is easily transmitted in athletes and non-athletes alike is the herpes simplex virus. This contagious virus causes blisters and sores around the mouth, nose, genitals and buttocks, but they can occur almost anywhere on the skin, especially in athletes. Early in the course of the disease, the lesions appear as non-specific red lesions – then acquire the characteristic grouped blisters on a red base. The sores may be painful and unsightly, and the infection must be detected and treated quickly to prevent the spread of the virus among team members.

“Herpes simplex is so common among wrestlers – where skin-to-skin contact is unavoidable – that the condition is termed herpes gladiatorum,” said Dr. Adams. “Treatment includes oral antiviral medications and the athlete can return to practice and competition after 4 to 5 days of treatment. Wrestlers who spar with an infected partner have a one in three chance of contracting this skin infection, so it is crucial that the virus is treated and athletes avoid competition during the period of infection.”

Fungal Infections: Outbreaks Common in Team Sports

Tinea corporis (better known as ringworm) is a fungal infection that develops on the top layer of the skin and is characterized by an itchy, red circular rash with clear skin in the middle. Early in the disease, the lesions do not acquire the classic ring shape and appear as relatively non-specific red, round lesions. Most commonly, the lesions appear on the head, neck and upper extremities and develop after skin-to-skin contact with an affected person. Again, this fungal infection is so common among wrestlers that Dr. Adams added that it is termed tinea corporis gladiatorum.

“Ringworm may occur in outbreaks on wrestling teams, often disrupting practices and competitions,” said Dr. Adams. “Any athlete with skin-to-skin contact could develop ringworm, but the intensity of close contact and exposed skin makes wrestling the highest risk sport for this particular fungal infection. Early detection and treatment are essential in containing the spread of infection, and currently there are no evidence-based recommendations as to how long athletes with ringworm should avoid competition.”

Dr. Adams noted that topical or oral antifungal medications are effective in clearing ringworm, and athletes should see their dermatologist as soon as they notice any unusual lesions on their skin.

Another common fungal infection that athletes are prone to is tinea pedis, or athlete’s foot. This particular fungus grows best in dark, moist and warm environments, making sweaty feet enclosed in athletic shoes prime targets. The appearance of athlete’s foot can vary from person to person – some may experience peeling, cracking or scaling between the toes; others may have redness, scaling or dryness on the soles and along the sides of the feet. Dr. Adams noted that many individuals often mistake athlete’s foot for dry skin.

“Athlete’s foot can be treated successfully with one of the many over-the-counter topical antifungal creams, but there are also preventive steps that all athletes can take to reduce the spread of this fungus,” said Dr. Adams. “Moisture-wicking socks are a must, as cotton socks trap moisture and should not be worn by athletes. After working out or competing, athletes should shower immediately and make sure they wear flip flops in the shower or locker room.”

Dr. Adams advised athletes, coaches and athletic trainers to be aware of the numerous skin conditions that can plague anyone participating in team sports and to see a dermatologist immediately if any type of unusual rash, sore or change in the skin occurs.

Headquartered in Schaumburg, Ill., the American Academy of Dermatology (Academy), founded in 1938, is the largest, most influential, and most representative of all dermatologic associations. With a membership of more than 16,000 physicians worldwide, the Academy is committed to: advancing the diagnosis and medical, surgical and cosmetic treatment of the skin, hair and nails; advocating high standards in clinical practice, education, and research in dermatology; and supporting and enhancing patient care for a lifetime of healthier skin, hair and nails. For more information, contact the Academy at 1-888-462-DERM (3376) or www.aad.org.

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