

ASAA STATEMENT ON SKIN INFECTIONS

Skin infections are common in contact sports, especially wrestling. It is important that physicians, coaches, athletes, and their parents know how to decrease the risk of these infections and their spread to other athletes. Skin checks are meant to detect these skin lesions before the student athlete participates and potentially exposes others. Any suspicious lesion must be evaluated by a health care professional. No student athlete may participate further if the infection poses a risk to other athletes. Simply covering lesions with tape, a bandaid, or a uniform does NOT allow an athlete to participate.

These infections can be viral, bacterial, or fungal, caused by organisms that are introduced on the skin, frequently through abrasions. The best way, by far, to prevent these infections is to remove the organisms from the skin by showering as soon as possible after the athletic event. Soap and water is the first and most effective line of defense to prevent skin infections. Hydrogen peroxide can also be helpful for cleansing abrasions.

Regular and frequent washing of uniforms, workout gear, equipment, mats is also important to help prevent the spread of organisms to the athletes.

It is important for physicians to be familiar with the guidelines for treating skin infections and when it is appropriate for an infected athlete to be allowed to return to play.

Fungal infections (RINGWORM, Tinea facialis, tinea capitis) are very common, especially in wrestling. These can be a brownish or reddened discoloration of the skin, frequently circular, sometimes with raised borders. While generally not dangerous, they can be dramatic in their appearance and spread rapidly through a team. If noted, immediate removal from the mat, washing, and drying the lesions with



alcohol, or a hair dryer can be helpful. Starting over the counter medications such as Tinactin, or Lotrimin can be effective. Prescription medications such as ketoconazole, either topical or oral are generally very effective. Wrestlers may be cleared for participation after 7 days of treatment for most fungal infections, but for 14 days if the lesions are on the scalp.

Bacterial infections, primarily IMPETIGO, a moist, reddened, honey crusted lesion on the surface and painful red abscesses and boils must be treated with antibiotics. No athlete with moist or oozing lesions should be allowed to participate. Appropriate treatment for impetigo can include regular hydrogen peroxide applications and prescriptions antibiotic ointments such as mupirocin or oral antibiotics. Athletes are generally cleared to return to play after 2 days of treatment. Abscesses are frequently be caused by MRSA (methicillin resistant staphylococcus aureus) and must be treated, usually by incision and drainage and antibiotics and the abscess allowed to dry and heal before return to play can be authorized.



The most common viral skin infection in contact sports is Herpes Type I (HERPES GLADIATORUM) or cold sores. This can become a life long issue for athletes and it can spread very rapidly through a team via direct contact. Immediate showering after events and practice is again helpful. Classic lesions are



vesicles, small, clear fluid filled blisters with surrounding erythema. They may itch or be painful. IMMEDIATE removal from contact is indicated. The lesions will resolve on their own BUT the the virus is not gone and recurrent outbreaks are common. These infections can be spread to others even before they are visible and before the athlete even realizes they are infected. Prescription oral antiviral agents such as acyclovir or valcyclovir are highly effective in resolving the lesions more quickly and are very safe. Treating herpes within the athletic arena is different than the non-athletic population. Non-wrestlers use antiviral medication to treat symptoms, whereas in wrestling, the treatment focuses on clearance of the virus to prevent transmission to teammates and opponents. To prevent the spread of this highly contagious disorder, many collegiate teams and wrestling camps such as J. Robinson insist on all of the athletes taking these antivirals during the season or camp. Wrestlers who have had herpes lesions in the past should strongly consider being on medication beginning 5 days before the start of practice and continuing throughout the season to prevent infecting team mates.

MOLLUSCUM are infrequently seen in high school athletes. These show up as small reddened lesions with a hard core. They are mostly more of a nuisance than serious, but are disqualifying until 24 hours after treatment by unroofing or freezing.



Chronic non-infectious skin conditions such as ECZEMA and PSORIASIS pose no risk to other athletes. These conditions, while not disqualifying, should be controlled with appropriate medications to help prevent secondary infections that could result in disqualification.

ECZEMA

PSORIASIS



Physicians, referees, athletes, and their parents should be familiar with the ASAA form: "Physician Release for Wrestlers with Skin Lesions" This is the **ONLY** acceptable form for allowing an athlete to participate if a referee finds a lesion he or she feels might be infectious. Verbal declarations or hand written notes on other forms are **NOT** acceptable.

Designated on site event physicians, if available, will have final authority to determine if an athlete with a skin lesion is an infectious risk and therefore ineligible to participate, and could over rule a skin form that had been issued earlier.