



Wrestling and Skin Conditions: What Is THAT?

All of these skin diseases MAY NOT BE COVERED FOR COMPETITION!

Report anything suspicious to your athletic trainer or physician ASAP so you can stay competitive!

Herpetic Lesions

Herpetic lesion (aka herpes simplex, herpes zoster, herpes gladiatorium, cold sore/fever blister) is a viral infection transmitted by direct contact and may appear ANYWHERE ON THE BODY.

Signs and Symptoms:

Lesion: Numerous clustered vesicles (blisters) filled with clear fluid on a reddened background. The vesicles continue to develop for 7-10 days and eventually become dry, crusted lesions. Recurrent outbreaks are sometimes preceded by irritability, headache, and tingling, burning and/or itching of the skin at the site of recurrence.



Other symptoms may mimic a mild viral illness with fever, joint aches and pains, sore throat, and inflammation of the eyes.

Return to play guidelines:

- Must be free of fever, malaise (feeling ill), etc.
- No new blisters developed in past 72 hours (3 days). Existing lesions must be covered in a dry crust.
- Completed a minimum 120 hours (5 days) systemic antiviral therapy as prescribed by physician.

Tinea aka Ringworm

Tinea aka Ringworm is a fungal infection that can be seen anywhere but is most commonly found on the head (**tinea capitis**) or upper body (**tinea corporis**) i.e. neck, trunk, and arms.

Signs and Symptoms:

Lesion: Round, reddened, scaly plaque with raised borders. Though normally circular in shape, the lesion may present with a more irregularly shaped border in athletes.



Return to play guidelines:

- Oral or Topical fungicide medicine as prescribed by physician for at least 72 hours (3 days) for tinea corporis or 14 days for tinea capitis .
- Lesions must be adequately covered when the athlete is cleared to return to activity.



Molluscum Contagiosum

Molluscum Contagiosum is a viral infection transmitted by skin-to-skin contact.

Signs and Symptoms:

Lesion: flesh-colored to light-pink pearly papules with a dent or depression in the middle.

Return to play guidelines:

Lesions must be curetted (scraped out) by a physician at least 24 hours prior and subsequently covered for competition.



Impetigo

Impetigo is a superficial bacterial infection most commonly found on the face, neck, and upper extremities. It is highly contagious and MAY NOT be covered for competition.

Signs and Symptoms:

Lesion: begins as a thin-walled vesicle that ruptures to expose a raw surface covered in a yellowish-brown or honey-colored crust. In the early stages it may also present as superficial blisters that rupture easily.

Return to play guidelines:

- No new skin lesions for at least 48 hours (2 days).
- Completion of a 72 hour (3 day) course of directed antibiotic therapy.
- No further drainage from the wound.



Folliculitis

Folliculitis is an infection of the hair follicles that appears in areas of high friction and perspiration and is caused by a bacteria (most commonly *Staphylococcus aureus*). Furuncles (boils) and carbuncles (larger boils) are complications of this infection. Active infections MAY NOT be covered for competition.

Signs and Symptoms:

Folliculitis: red or white bumps at the base of the hair follicles, especially in areas that have been shaved, taped, or abraded.

Furuncle lesion: tender, red, nodular swelling.

Carbuncle lesion: when multiple furuncles join, a mass of pus filled tissue develops with localized redness and swelling. A fever may also be present.

Return to play guidelines:

- No new skin lesions for at least 48 hours (2 days).
- Completion of a 72-hour (3 day) course of antibiotic therapy.
- No further drainage from the wound.

MRSA aka Methicillin-Resistant Staphylococcus Aureus

MRSA aka Methicillin-Resistant Staphylococcus Aureus is a severe bacterial infection that common antibiotics cannot treat.

MRSA lesions often look like spider bites. This highly contagious and potentially dangerous infection MAY NOT be covered for competition.

Signs and Symptoms:

Lesion: Initially is very similar to folliculitis/furuncle/carbuncle infections. Develops quickly from small pustules into larger pustules or abscesses with swelling, redness, and possibly black markings.

Other symptoms may include systemic infection symptoms such as fever, fatigue, etc.

Return to play guidelines:

- No new skin lesions for at least 48 hours (2 days).
- Completion of 72-hour (3 day) course of directed antibiotic therapy.
- No further drainage from the wound.

Prevention:

- Perform a daily full-body skin check and report any suspicious lesions to your athletic trainer or physician as soon as it appears!
- Have all game and practice gear laundered daily.



- Follow good personal hygiene practices:
 - SHOWER with antimicrobial soap immediately after practices and games and wash hands frequently.
 - AVOID sharing towels, razors, athletic equipment, water bottles, and hair clippers.
 - AVOID body shaving
 - AVOID entering common whirlpools or tubs if skin lesions are present

REPORT IT!

The sooner you report it, the sooner you get treatment and the sooner you return to play!

- These diseases are all highly contagious. Hiding or failing to notice them could have serious consequences, such as...
- The disease may be passed to your teammates and/or opponents.
- Some of these diseases, like Herpes, stay with you for life.
- If not treated, some of these diseases can lead to potentially dangerous complications – and thus more time out of practice and competition.

MRSA Photo Courtesy of [Bruno Coignard, M.D., Jeff Hageman, M.H.S and the CDC](#)

Tinea (Ringworm) and Molluscum Contagiosum Photos Courtesy of [Dermatology at Nationwide Children's Hospital](#)

Herpetic Lesions and Impetigo Photos Courtesy of [Sports Medicine at Nationwide Children's Hospital](#)

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