



SKIN DISEASES IN WRESTLING

During a single wrestling season, we will see hundreds of acute wrestling injuries at ISMI. By the nature of this sport (a collision sport with little or no protective equipment), most of these injuries are orthopedic – injuries to the shoulder, elbow, wrist, knee, neck, etc. Some of these injuries are season-ending while most others will improve with rehab or a short duration of protection allowing for an early return to competition. Compared to other popular sports, wrestling is somewhat unique due to its lack of protective equipment and the extensive skin-to-skin contact involved in practice and meets or tournaments. This results in several conditions almost unique to this sport: Head lacerations, ear hematomas (which untreated lead to “cauliflower ear”), and a variety of contagious skin diseases. Orthopedic injuries, both acute and chronic, should always be evaluated early in an attempt to ensure the most rapid recovery possible. The same applies to head lacerations (clearly) and ear hematomas. By the same measure, contagious skin diseases (described below) result in a large percentage of wrestling “injuries” seen in our clinic and demand immediate treatment to prevent possible serious complications and further spread to teammates and competitors. The purpose of this article is twofold: To provide education to wrestlers and families about several of these conditions *and* to provide a source of immediate contact regarding treatment or the arrangement of such treatment.

CONTAGIOUS SKIN DISEASES

HERPES SIMPLEX (a.k.a. “herpes gladiatorum”, “scumpox”, etc.) “Gladiatorum” is from the gladiator era while the name “scumpox” is derived from the sport of rugby – yet another skin contact sport – in which persons in the “scrum” huddle would pass along this “pox” virus (the herpes virus much like its relatives which cause “chickenpox”, “shingles”, etc.) to other players. The herpes virus causes a self-limited but highly contagious outbreak usually lasting 1-2 weeks total. A first-time outbreak can be very severe, even deadly on rare occasion, while recurrences tend to be less troublesome. *Non-wrestlers* often “ride out the storm” without medication or try a variety of herbal remedies in attempt to shorten the duration of the outbreak while *wrestlers* are required to be on medication prior to return to practice or competition. Classically, herpes is associated with a “prodrome” (tingling, pain, itching, etc.) in the area just prior to the appearance of groups of very tiny, painful blisters. Sometimes the blisters are difficult to identify in wrestlers due to “unroofing” from being rubbed off during contact. In this case, herpes can appear almost identical to impetigo (see below) and thus, can be extremely difficult to differentiate between the two. The rules for return to competition for herpes are as follows: A player must 1) be free of systemic symptoms, 2) have developed no new blisters for three days, 3) have no moist lesions – all lesions must be dried and have a firm, adherent crust, and 4) have been on the appropriate dosage of oral antiviral medications for at least **3 days** prior to return and *have written documentation of treatment dates in hand* from a licensed physician. These rules are followed strictly in the Treasure Valley area due to recent tremendous outbreaks locally in the wrestling community. It is important to note that this herpes virus is the very same one that causes other cutaneous (skin) outbreaks such as “cold sores”, “fever blisters”, etc. Hence, the presence of a simple “cold sore” will result in disqualification from all participation during the above time frames.

IMPETIGO (“Staph”, furunculosis, folliculitis, etc.) Impetigo is a bacterial infection commonly caused by *Staphylococcus* or *Streptococcus* bacterial species. Much like herpes, these infections can have the appearance of either a small or an extensive sized rash and are likewise highly contagious. This skin infection is not only passed by skin-to-skin contact but also via skin-to-mat contact or through other inanimate objects such as training room tables, etc. The herpes virus does not live long off of the human body whereas these bacteria are much less particular about where they get their nutrients. For



this reason, athletic trainers are usually very meticulous about washing down their tables after use with an anti-bacterial cleanser. Likewise, frequent mat washing has shown to dramatically decrease the incidence of these outbreaks. We also encourage wrestlers to shower immediately after practice/competition with an antibacterial soap. The rules for return to competition for impetigo are identical to those for herpes (though the medication is different and most will recommend a topical cream in addition when cleared for competition). Again, you *must have written documentation of treatment dates in hand* prior to competition.

FUNGI (“ringworm”, “tinea corporis gladiatorum”, “athletes foot”, “jock itch”, etc.) These lesions or rashes are usually caused by common human fungus *Trychophyton rubrum* though wrestlers tend to get a slightly different family member *Trychophyton tonsurans*. This is also spread via skin-to-skin or skin-to-mat contact but is much less (or not at all) dangerous in comparison to herpes and impetigo. Fungi typically love warm, moist environments and thrive in these areas of the gym or human body. Tinea usually appears as a round, reddened, raised, rough rash that may or may not itch and may be more flesh colored in the center of the lesion. Methods of treatment are more controversial as to whether to use topical or systemic (oral) medicines. If there are more than two lesions or any facial lesions, we tend to recommend oral medicine, otherwise topical treatment usually suffices. Treatment durations are much longer (2-4 weeks) though time away from competition may be similar (anywhere from 3 days to 10-14 days on treatment). Again, frequent mat washings play a crucial role in the prevention of outbreaks.