

# Skin Infections: Prevention is Key

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It's that time of year again. Wrestling season is here and the risk of skin infection is growing. Skin infections can and do occur in other sports, but with the increased amount of time spent in contact with other wrestlers and the wrestling mat, this group of athletes is at an increased risk of contracting these infections. In Minnesota in 2007, high school wrestling

was suspended after 24 cases of herpes gladiatorum (HG) were reported by 10 different high school wrestling teams following a wrestling tournament. A similar outbreak occurred in 1999 in Minnesota when 63 wrestlers were affected with the same infection. While outbreaks like this are rare, these skin diseases are very contagious if not recognized early or treated properly.

Herpes gladiatorum, or herpes simplex, is just one of the many infections that can be spread by physical contact. HG is a viral infection that is more commonly known as a cold sore or fever blister. This skin lesion is usually located around the mouth or nose but can be seen on any skin surface. It is typically located above the waist on one area of the skin. This infection is characterized by a group of blisters that eventually rupture forming a crusted surface. Itching and burning around the affected site usually occur before the blisters form. Most people carry this virus inactively in their body; outbreaks only occur in the event of lowered resistance, such as heightened stress, fever, irritation, fatigue, sunburn, or dietary problems. While herpes does not have a cure,

the effects of an acute infection may be lessened by prescription anti-viral medications such as acyclovir.

Skin infections can also be caused by fungi. Ringworm (tinea corporis) and athlete's foot (tinea pedis) are the two main types seen commonly seen in athletic populations. With athlete's foot, redness, itching, scaling and/or cracking are seen on the skin of the feet, especially between the toes and on the sole of the foot. Ringworm is usually found on the upper extremities or trunk of the body. It begins as a red, ring-like lesion that becomes crusted or scaly. Less severe cases of ringworm can be treated with topical antifungal medication, while athletes with more severe cases are usually given an oral antifungal.

Impetigo is a bacterial infection that normally appears around the mouth and nose. It is characterized initially by burning and itching followed by blisters with weeping, honey-colored, crusted scabs. It can be spread by direct contact or indirectly by coming into contact with infected equipment. Impetigo is generally treated by topical or oral antibiotics prescribed by a doctor.

Prevention is the best way to control skin infections. The first step in prevention is to practice good hygiene. Clothing and equipment worn during practice and competitions should be cleaned thoroughly every day. Athletes should also shower after every practice and wear sandals in public showers to ensure that potential infections are not spread. Teammates should not share towels or athletic equipment and wrestling mats should be cleaned daily. For those with a history of herpes gladiatorum, a prophylactic (preventative) medication may be an option to prevent secondary outbreaks.



As a coach or parent, it is not important to be able to decipher what type of skin infection the athlete has acquired. The important thing to remember is that if a skin infection is suspected, the athlete should be taken out of practice/competition and be seen immediately by a physician. Skin infections are very contagious. The more precautions taken to prevent skin infections and the sooner medical attention is sought after an athlete acquires a skin infection, the better chance there is that these outbreaks will be stopped before they even occur.

*Kimmel, C. (n.d.). A Guide to Infectious Skin Diseases in Wrestlers. Memorial Health Alliance.*

*Booher, J. & Thibodeau, G. (2000). Athletic Injury Assessment (4th Ed). Boston: McGraw-Hill.*

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