Impetigo in Athletes

Background
1. Sports with close skin-to-skin contact:
   o Football
   o Wrestling
   o Rugby
   o Hockey
   o Basketball
2. No definitive evidence that sports equipment is a reservoir

Pathophysiology
1. Pathology of disease
   o Staphylococci sp.
   o Streptococci sp.
2. Incidence, prevalence
   o 2003-2004-accounted for 14.2% of skin infections in men's NCAA wrestling
3. Risk factors
   o Skin trauma

Diagnostics
1. Physical exam
   o Well defined erythematous, yellow, crusted lesions
   o Common locations:
     ▪ Extremities
     ▪ Head
     ▪ Neck
2. Laboratory evaluation
   o Culture and sensitivity if suspicious of MRSA

Differential Diagnosis
1. Herpes gladiatorum
2. Tinea corporis gladiatorum
3. Acne
4. Atopic dermatitis
5. Molluscum contagiosum

Therapeutics
1. Topical antibiotics
   o Mupirocin 2% apply BID x 7 days
     ▪ Topical antibiotic of choice
2. Oral antibiotics
   ▪ Dicloxacillin 500mg PO TID x 10 days (SOR: A)
   ▪ Cephalexin 500mg PO TID x 10 days (SOR: A)
   ▪ Erythromycin for athletes with PCN allergies
2. Further Management
   o Return to play after 24 hours of antibiotic treatment
Prevention/Decolonization
1. Mupirocin ointment to nares BID for 1 week is noted in literature
2. Not routinely recommended

1. Bacterial Infections (Furuncles, Carbuncles, Folliculitis, Impetigo, Cellulitis or Erysipelas, Staphylococcal disease, MRSA)
   o Wrestler must have been without any new skin lesion for 48 hours before the meet or tournament.
   o Wrestler must have no moist, exudative or purulent lesions at meet or tournament time.
   o Gram stain of exudate from questionable lesions (if available).
   o Active purulent lesions shall not be covered to allow participation.
   o See above criteria when making decisions for participation status.

References

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