

Impetigo in Athletes

Background

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

Pathophysiology

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

Diagnostics

1. Physical exam
 - Well defined erythematous, yellow, crusted lesions
 - Common locations:
 - Extremities
 - Head
 - Neck
2. Laboratory evaluation
 - 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
 - Mupirocin 2% apply BID x 7 days
 - Topical antibiotic of choice⁷
 - Oral antibiotics
 - Dicloxacillin 500mg PO TID x 10 days (SOR: A)⁸
 - Cephalexin 500mg PO TID x 10 days (SOR: A)⁸
 - Erythromycin for athletes with PCN allergies
2. Further Management
 - 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

2008-2009 NCAA Sports Medicine Handbook

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

References

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