As dermatologists, many of us likely encounter a host of dermatoses related to athletic activities. While many of these conditions are common, there are different methods and approaches for how we manage these patients. Additionally, discussing the appropriate prevention measures can have a significant impact on athletes’ awareness and may aid in curbing various sports dermatoses.

SPORTS DERMATOLOGY BROKEN DOWN

Sports dermatology breaks down to three basic groups: Infections, Allergies, and Traumatic events. Probably the most common among these is infections, which encompass bacterial infections, viral infections, and fungal infections. Impetigo and folliculitis are common infections in athletes. Importantly, folliculitis can either be infectious or non-infectious; the latter can be related to their sporting environments, such as from a steroid injection. Or athletes who go into a hot tub may get Pseudomonas folliculitis.

Other infectious dermatoses common to athletes include herpes gladiatorum and verruca. Verruca, in particular, can be difficult to differentiate from corns and calluses. Another tricky infectious dermatosis is tinea corporis gladiatorum, which is inherent in wrestlers. It is caused by *Trichophyton tonsurans*, which is a really unusual cause for typical ringworm on the body.

Aside from infectious dermatoses, a number of different allergens have the potential to cause allergic dermatoses in the sporting environment of the athlete. When it comes to contact dermatitis, in particular, some athletes will get rhus dermatitis and may think that the small vesicles are actually a form of herpes. Contact dermatitis can be quite common in sporting environments, particularly considering the different materials with which sports equipment is made. For example, contact dermatitis is common swimmers. Some of these athletes can have an irritant reaction to bromine, for example, whereas others may react to the rubber in goggles. Headgear and other forms of protective equipment also have great potential to cause a reaction.

Another condition in the realm allergic dermatoses that’s worth addressing is a unique condition called exercise-induced anaphylaxis, which is a severe, potentially life-threatening illness. Fortunately, most people who get it don’t get the respiratory or circulatory collapse that is typical in anaphylaxis. Nevertheless, it can be a major hardship for athletes with signs and symptoms of angioedema, pruritus, nausea, and diarrhea and other systemic symptoms related to exercise and skin.

In the area of traumatic conditions, friction bullae are common conditions in athletes. They can occur from sweating, or having improperly fitted footwear, or even the wrong type of socks. One of the best ways to treat blisters is to lance the blister three times within 24 hours, while keeping the roof of the blister intact. This method decreases the chance for infection and increases the chance for it to heal more quickly. In terms of preventive measures, practical lac-
ing techniques, as well as certain types of socks (with pads or double layers) can be helpful.

**SKIN CANCER MESSAGING**

Finally, no consultation with an athlete would be complete without a word about skin cancer. Athletes tend to spend an enormous amount of time in the sun. Moreover, they’re often exposed to UV light during the worst periods, between 10:00 AM and 4:00 PM.

In addition, some environments may be more inhospitable for athletes to develop more skin cancer. For example, for those whose athletic activities are primarily in the snow, it is important to inform them that almost 100 percent of UV reflects back to them from the surface of the snow. I often call this “second-hand sun.” In these cases, wide-brimmed hats are often not enough to protect the skin.

The same principle holds true for water, wherein the water reflects back to the skin. In addition water has the property of convergence, which acts to further concentrate the UV light. These principles explain why swimmers will burn much more easily when they are in the water.

Given these conditions, athletes must learn very important techniques for preventing exposure to UV light, such as applying sunscreen 30 minutes before going outside, and then re-applying every 30-45 minutes, especially if they are sweating profusely. UV protective swimwear is also available for swimmers. Lastly, many athletes may be aware that darker clothing is a much better blocker of UV light, but they often opt for lighter clothing for its ability to keep them cooler. However, newer technology in clothing fabric has allowed for darker clothing that will also keep them cool, so it is important to tell patients about these options.

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Based on Dr. Adams’s presentation at the 2014 Meeting of the American Academy of Dermatology in Denver, CO.

To see Dr. Adams discuss the full range of sports dermatoses, go to DermTube (www.dermtube.com) and click on the “Daily Coverage – Annual Meeting in Denver” icon.