

Common Skin Conditions



Ringworm is a common skin infection that is caused by a fungus. It's called "ringworm" because it can cause a circular rash (shaped like a ring) that is usually red and itchy. Anyone can get ringworm. The fungi that cause this infection can live on skin, surfaces, and on household items such as clothing, towels, and bedding.

Ringworm goes by many names. The medical terms are "tinea" or "dermatophytosis." Other names for ringworm are based on its location on the body – for example, ringworm on the feet is also called "athlete's foot." - CDC definition

Ringworm is easily treatable and needs to be looked at by a medical provider. Most ringworm can be treated by an over-the-counter antifungal cream, such as Lotrimin AF. Wash clothes and skin regularly. Let the skin irritation breathe, do not cover. If no change in 5 days, see physician for further treatment options.



Impetigo is a highly contagious bacterial infection that can come from one of two bacterial strands. It typically presents itself with red cluster bumps that multiply in numbers, are sometime itchy, and can eventually ooze and crust over having "honey crusted" lesions. Impetigo is transmitted from skin to skin. This needs to be seen by a physician as it is treated with an antibiotic and sometimes a topical antibiotic as well.



MRSA - methicillin-resistant Staphylococcus aureus (MRSA) infections are of greatest concern. The athlete should be treated and removed from practice and competition. Staph will typically present itself as a pimple or "mosquito bite" and complains of it being itchy. These sores are a mild infection. This requires medical attention to obtain antibiotics to clear the infection. When the infection is not treated, extreme medical attention may be necessary as it can enter the bloodstream.



Herpes Gladiatorum - This skin infection, primarily seen among wrestlers, is caused by herpes simplex virus Type 1 (HSV-1). The spreading of this virus is strictly skin-to-skin. The majority of the outbreaks develop on the head, face and neck, reflecting the typical wrestling lock-up position. The initial outbreak is characterized by a raised rash with groupings of 6-10 vesicles (blisters). For head, face and neck involvement, symptoms include sore throat, fever, malaise and swollen cervical lymph nodes. The infected individual must be immediately removed from contact (practices and contests) and seek appropriate care and treatment. Return to contact is permissible only after all lesions are healed with well-adherent scabs, no new vesicles have formed, and no swollen lymph nodes remain near the affected area. Oral antiviral medications should be started and can expedite the clearing of an outbreak.