

Dermatologic Issues in the Active and Athletic Patient

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New York, NY
November 7, 2026

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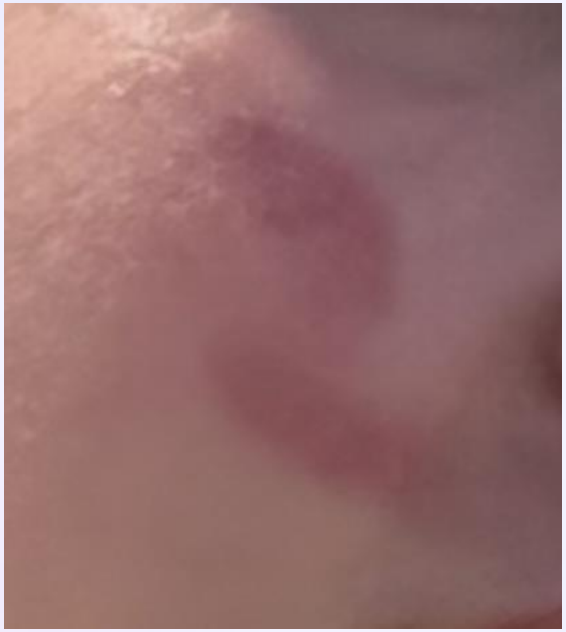
Disclosures

I have no relationships to disclose.

Opening Case

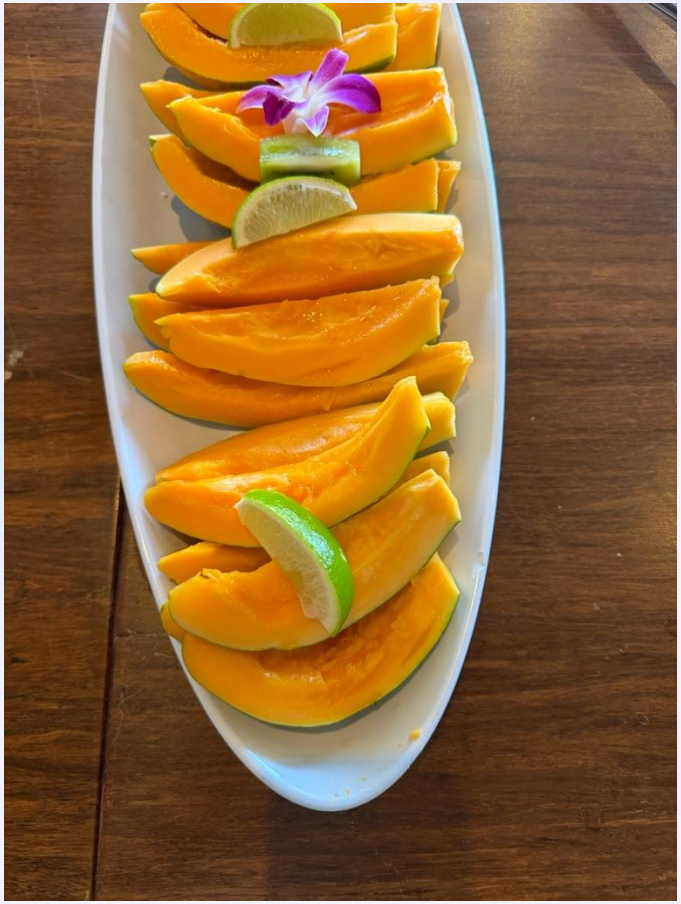
A new facial rash after a tropical vacation. What is it?







Hints





Diagnosis: Phytophotodermatitis

- **Lime juice (furocoumarins) + sunlight** → burn-like redness or blisters
- **Then hyperpigmentation** that can last weeks to months
- **Athlete pearl:** citrus at outdoor events; wash skin before sun





Left: Fitzpatrick's Color Atlas & Synopsis of Clinical Dermatology (McGraw-Hill). Right: Wikipedia.

Learning Objectives

By the end of this session, participants will be able to:

1

Recognize

Identify common infectious, mechanical, and environmental skin conditions across skin tones

2

Treat

Apply evidence-based treatment for sports dermatoses in primary care

3

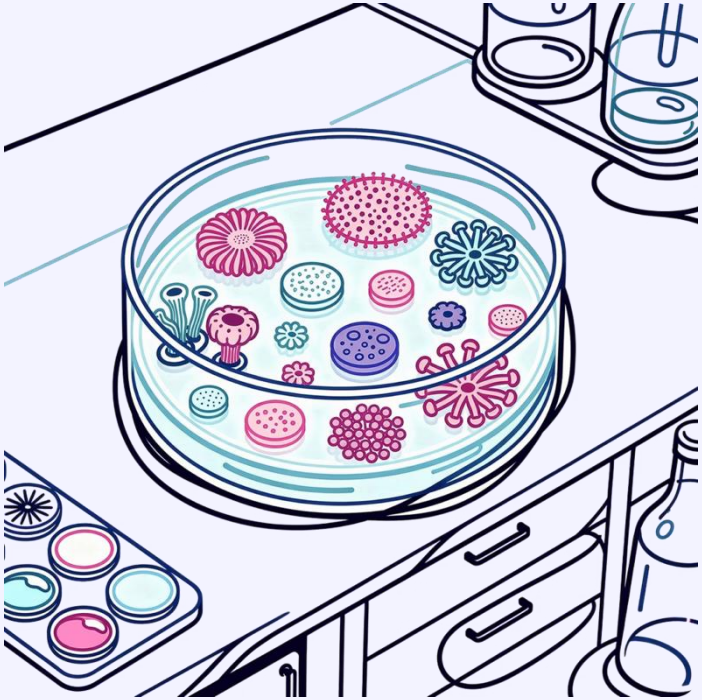
Clear

Apply NCAA and NFHS return-to-sport rules for contagious infections

4

Counsel

Counsel athletes on sun protection and skin cancer prevention



SECTION 1 OF 3

Infectious Dermatoses

Fungal · Bacterial · Viral · Parasitic

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FUNGAL INFECTIONS

Tinea Corporis Gladiatorum





Presentation

- Annular scaly plaque, raised border
- Wrestlers: skin contact, mats
- **Confirm:** KOH (hyphae)

Treatment

- Topical azole or terbinafine BID × 2–4 wk
- Extensive: oral terbinafine × 2 wk
- **No topical steroids**

Return to Sport

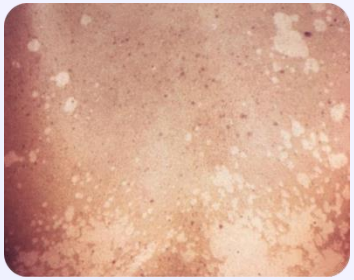
- **⩾72 h** topical therapy
- Cover lesions or DQ
- **Scalp:** 2 wk oral therapy

Images: DermNet.

Tinea Pedis, Cruris & Versicolor







Tinea Pedis

- Interdigital maceration or moccasin scale
- Topical antifungal × 4 wk
- Dry feet; shower sandals

Tinea Cruris

- Sharp groin plaques
- **Scrotum involved?** Think Candida
- Creams or powders

Tinea Versicolor

- Hypo- or hyperpigmented trunk patches
- Most visible on darker skin
- Selenium sulfide or ketoconazole shampoo

Treat all sites together. Socks on before underwear to avoid spreading foot to groin.

Images: DermNet; CDC PHIL.

CASE 2

The Football Player with “Acne”

17-year-old football player, 3 months of **itchy, monomorphic papules and pustules** on upper back, chest, shoulders. No better after 6 weeks of doxycycline. Face clear; worse with sweat.



Most likely diagnosis?

A Acne vulgaris

B Pityrosporum folliculitis

C Bacterial folliculitis

D Tinea corporis



FUNGAL INFECTIONS · CASE 2 ANSWER

Pityrosporum (Malassezia) Folliculitis

Clues

- Itchy, monomorphic 1–2 mm papules
- Chest, back, upper arms
- **No comedones**
- Worse after antibiotics

Diagnose

- **KOH:** round budding yeast
- Biopsy if unsure

Treat

- Ketoconazole 2% shampoo as body wash
- **Refractory:** oral itraconazole or fluconazole
- **Terbinafine doesn't work**

Itchy truncal "acne" that worsens on antibiotics: stop antibiotics, start antifungals.

BACTERIAL INFECTIONS

Impetigo





- **Honey-colored crusts** or bullae; S. aureus or group A strep
- **Localized:** mupirocin BID × 5 days. **Widespread or outbreak:** oral antibiotics, guided by culture

Return to sport (NCAA): 72 h antibiotics · no new lesions × 48 h · no moist or draining lesions

Right image: CDC (public domain).

BACTERIAL INFECTIONS

Cellulitis

Nonpurulent (usually strep)

- Cephalexin, dicloxacillin, or amoxicillin-clavulanate; clindamycin if penicillin-allergic
- 5 days; extend if not improving

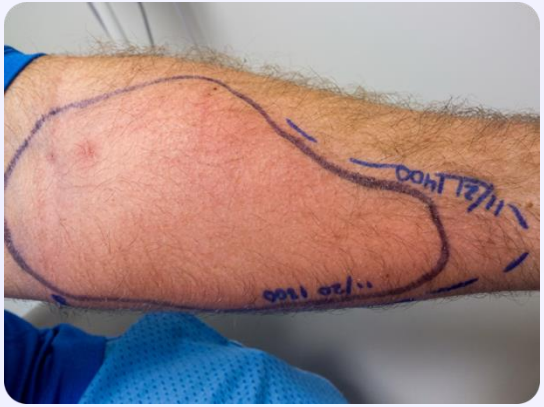
Purulent or turf burn / mat abrasion

- Drain any abscess; culture
- Cover MRSA: TMP-SMX, doxycycline, or clindamycin

Escalate

- Systemic signs, rapid spread, or immunocompromise → IV therapy
- Elevate; treat tinea pedis and other portals of entry





Source: IDSA Practice Guidelines for Skin and Soft Tissue Infections. Images: DermNet.

Community-Acquired MRSA





- **Wrestling, football, rugby;** often called a “spider bite”
- **Abscess:** incision and drainage; culture
- **Antibiotics:** TMP-SMX, doxycycline, or clindamycin × 5–10 days
- **Systemic illness:** ED, IV vancomycin

RTS: 72 h antibiotics · no new lesions × 48 h · nothing draining

Avoid fluoroquinolones in athletes (tendon rupture)

CASE 1

The Wrestler with a Rash

19-year-old college wrestler, 8 days after a tournament: **clustered vesicles on a red base** on the right neck. 1-day burning prodrome, low-grade fever, tender neck nodes.



Diagnosis, and minimum treatment before NCAA return?

A Impetigo: 72 h antibiotics

B Herpes gladiatorum: 5 days oral antiviral

C Tinea gladiatorum: 72 h topical antifungal

D Contact dermatitis: topical steroids

HIGH YIELD · CASE 1 ANSWER

Herpes Gladiatorum

#1 skin infection in NCAA wrestlers (40.5% of skin infections)

Presentation

- Grouped vesicles on a red base (HSV-1)
- Face, head, neck, upper body
- Burning or tingling 1–2 days before
- Primary: fever, malaise, LAD

Diagnosis

- Primarily clinical
- PCR if available
- Avoid Tzanck smear



Source: Putukian M, LeClere LE, Herring SA, et al. The adolescent athlete and the team physician: a consensus statement, 2025 update. Med Sci Sports Exerc. 2026.

HIGH YIELD

Herpes Gladiatorum: Treatment & Return to Sport

Treatment

- Oral acyclovir, valacyclovir, or famciclovir
- Most effective started in prodrome
- **Topical antivirals alone don't work**

Return to Sport

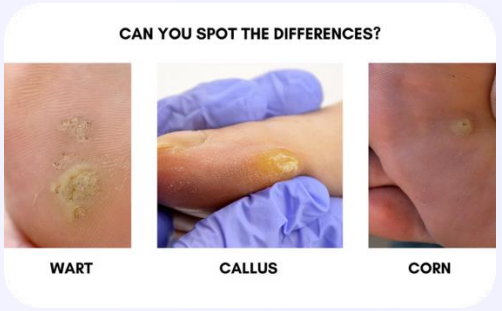
- **NCAA:** ⩾5 days oral antiviral; no new lesions × 72 h; all crusted; no systemic symptoms
- **NFHS:** primary 10 days, recurrent 5 days
- **Covering is never enough**

Prophylaxis: valacyclovir 1 g daily for wrestlers with prior herpes gladiatorum **cut outbreaks ~87–90%**.

Sources: Davies HD, Jackson MA, Rice SG, et al. Infectious diseases associated with organized sports and outbreak control. Pediatrics. 2017.
Daskalakis DC, Heller HM, Shenoy ES, Hsu K. Case 16-2024: a 20-year-old man with a pustular rash. N Engl J Med. 2024.
Peterson AR, Nash E, Anderson BJ. Infectious disease in contact sports. Sports Health. 2018.

Molluscum & Common Warts



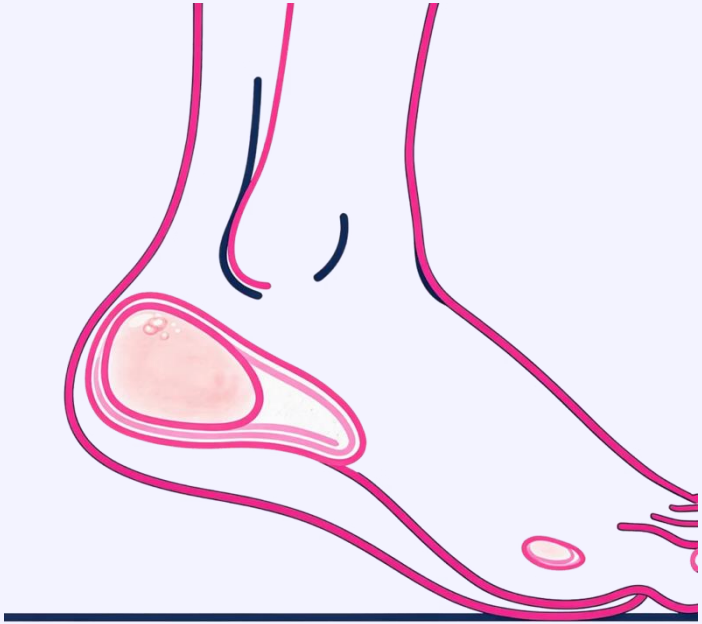


Molluscum (poxvirus)

- 1–6 mm umbilicated papules
- **Curettage, cryotherapy,** Cantharidin 0.7% in-office, Berdazimer 10.3% gel at-home
- **RTS (contact):** remove before competition; small areas → gas-permeable dressing

Warts (HPV)

- Rough papules with black dots, bleed with debridement
- **Skin lines:** Warts *interrupt* skin lines; calluses *accentuate* them
- Cryotherapy, salicylic acid, curettage
- **RTS:** cover multiple warts



SECTION 2 OF 3

Mechanical & Traumatic Dermatoses

Blisters · Acne Mechanica · Subungual Hemorrhage · Talon Noir

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Friction Blisters & Acne Mechanica

Friction Blisters

- Shear + moisture → epidermal separation; common in runners and field sport athletes
- **Prevent:** wicking socks, good fit, aluminum chloride 20%
- **Small:** leave intact. **Large:** drain, keep roof
- **RTS:** immediate, with dressing

Acne Mechanica

- Heat + pressure + occlusion + friction
- Mirrors gear: helmet, chin strap, shoulder pads
- **Treat:** cotton undershirts, benzoyl peroxide, retinoids
- **Isotretinoin:** back pain, myalgia, tendinopathy, lower bone density

Rash that exactly matches equipment? Consider allergic contact dermatitis (rubber chemicals); patch test.

CASE 3

The Runner with a Black Toenail

35-year-old marathoner: painless **blue-black discoloration** under the right great toenail, noticed 3 weeks after a race. Distal nail only; no melanoma history.



Which feature would most concern you for melanoma?

A Discoloration limited to the distal nail

B Several toenails on both feet

C Pigment extending onto the nail fold

D Recent long-distance running

Runner’s Toe vs. Subungual Melanoma


Figure 2. Subungual hematomas involving the second, third, and fourth toes.

Subungual hematoma



Subungual melanoma



Ethnic melanonychia

Hematoma

- Trauma; often several toes
- Red-purple; grows out with the nail
- No Hutchinson sign

Melanoma red flags

- Single digit (thumb, great toe)
- Band ⩾3 mm or widening
- **Hutchinson sign: pigment on nail fold**

Biopsy or refer for any red flag, or pigment that doesn’t grow out in 3–6 months.

Image (left): The Dermatologist, hmpgloballearningnetwork.com. Others: DermNet.

MECHANICAL

Talon Noir vs. Acral Melanoma



Talon noir



Plantar melanoma

Talon Noir

- Shear trauma (basketball, tennis)
- **Pares away** with a blade
- Resolves on its own

Acral Melanoma

- Irregular, multicolored, no trauma
- **Does NOT pare away**
- Dermoscopy: parallel ridge pattern

Biopsy acquired plantar pigment >7 mm, changing, or not paring away.

Images: DermNet.



SECTION 3 OF 3

Environmental & Inflammatory Dermatoses

UV · Contact · Water Sports · Urticaria · Thermal

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Sun Protection in Athletes

More UV during peak hours means higher lifetime melanoma and non-melanoma skin cancer risk.



Sunscreen

Broad-spectrum SPF ⩾30, sweat-resistant; reapply every 2 h



Protective Gear

Hats, UV sunglasses, sun-protective clothing; limit 10 AM–4 PM



Avoid Tanning

Counsel against indoor tanning; darker skin is often diagnosed later



Team Culture

Coaches set the norm: sunscreen in the pre-practice routine

Contact Dermatitis & Water Sports

Contact Dermatitis

- **Clue:** rash in the exact shape of gear
- Goggles, wetsuits, shin guards (rubber, thiourea, formaldehyde)
- **Dx:** patch testing
- **Tx:** avoid allergen; steroids

Hot-Tub Folliculitis

- Pseudomonas; papules on submerged skin 12–48 h later
- Self-limited 7–10 days
- **Systemic sx:** ciprofloxacin

Swimmer's Xerosis

- Quick rinse, then oil-based emollient



CASE 4

The Jogger with Hives

28-year-old woman: **large hives, throat tightness, lightheadedness** 20 min into a jog, 2 h after pasta. Used epinephrine. Milder episode after a post-lunch run.



Diagnosis, and the key counseling point?

A Cholinergic urticaria: avoid hot showers first

B Food-dependent EIA: no food ⩾4 h before; carry epinephrine

C Exercise urticaria: antihistamine beforehand

D Wheat allergy: eliminate wheat

HIGH YIELD · CASE 4 ANSWER

Exercise-Induced Urticaria vs. Anaphylaxis

	Cholinergic Urticaria	Exercise-Induced Anaphylaxis
Wheals	Tiny, punctate (1–3 mm)	Large
Trigger	Any heat, incl. hot shower	Exercise only
Risk	Rarely dangerous	Can progress to anaphylaxis





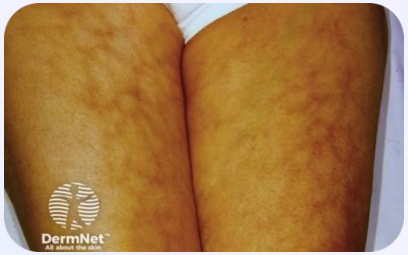
Food-dependent EIA: wheat (omega-5 gliadin) most common; needs food + exercise together. NSAIDs are a cofactor.

Management

- **Don't eat ≥4 h before exercise**
- **Always carry epinephrine**; exercise with a partner
- Medical ID; refer to allergy

ENVIRONMENTAL

Thermal Injury & Other Conditions









Erythema Ab Igne

- Heating pads → lacy brown rash
- Stop heat; rare SCC

Frostbite

- Rewarm in warm water
- **Don't rub**

Striae

- Rapid muscle gain
- **New acne or hair loss?** Ask about steroids

Jogger's Nipples

- Friction from fabric
- Tape, petrolatum, soft fabric

HIGH-YIELD REFERENCE

Return-to-Sport Summary

Rules vary (NCAA, NFHS, state); verify current rules. **Covering an active infection is never enough.**

Condition	Minimum treatment	Also required
Tinea (skin)	72 h topical	Lesions covered
Tinea capitis	2 wk oral	Can't be covered → out
Impetigo / MRSA	72 h antibiotics	No new lesions 48 h; nothing draining
Herpes (NCAA)	5 days oral antiviral	No new lesions 72 h; crusted; no systemic sx
Herpes (NFHS)	Primary 10 d; recurrent 5 d	No new lesions 72 h; crusted
Molluscum	Curettage/removal	Small areas: gas-permeable dressing
Warts	Treat if solitary	Multiple: adequately covered
Scabies / lice	Scabicide / pediculicide	Negative prep / recheck

Prevention



Personal Hygiene

- Shower right after every practice
- Never share towels, razors, gear
- Discourage body shaving



Surveillance

- Daily skin self-checks
- Pre-competition skin exams
- Report new lesions right away



Environmental Controls

- Disinfect mats daily (EPA-registered)
- Launder uniforms after every use



Prophylaxis

- Valacyclovir for wrestlers with prior HSV
- Antifungal foot powder
- SPF ⩾30 for all outdoor athletes

Summary: Key Clinical Pearls

1. **Herpes Gladiatorum** — #1 skin infection in NCAA wrestlers
   Valacyclovir prophylaxis works; covering lesions never does.

2. **MRSA** — Culture before treating
   Drain and culture; avoid fluoroquinolones in athletes.

3. **Talon Noir vs. Melanoma** — Paring test at the bedside
   Benign pigment pares away; Hutchinson sign → biopsy.

4. **Pityrosporum Folliculitis** — Not all truncal "acne" is acne
   Itchy, monomorphic, fails antibiotics → think fungal.

5. **Sun Protection** — Underutilized in athletes
   Counsel every visit; darker skin is often diagnosed later.

6. **Know Your Governing Body** — NCAA vs. NFHS vs. state rules
   NCAA, NFHS, and state rules differ; check yearly.

Questions & Discussion

Thank you for your attention

Contact:

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