

Sports Dermatology

Sun Exposure

Ultraviolet (UV) Clinical Variants

- ☀️ UVA: No burn but can still be harmful
- ☀️ UVB: Causes sunburns
 - Car windows block UVB but not UVA



UV exposure is cumulative and can lead to:

- ☀️ Cosmetic issues (dyspigmentation and wrinkling)
- ☀️ Mutations (skin cancer)

UV Exposure in Athletes

- ☀️ Athletes typically have high UV exposure
- ☀️ Highest UV exposure is between **10 AM and 4 PM** (typical training hours)
- ☀️ Altitude, snow, and sand have highest UV exposure
- ☀️ UV exposure still occurs on cloudy and/or cold days



Skin Cancer

Basal Cell Carcinoma

- Most common
- Easily treated when caught early

Squamous Cell Carcinoma

- More likely to progress but not as common
- Anatomic areas exposed to long term UV exposure

Melanoma

- Most deadly
- Critical to catch early
- Look for moles that are changing:

- **A**symmetry
- **B**order: Jagged edges
- **C**olor: Black lesion
- **D**iameter

- **E**verything else: Dark, irregular shaped lesion in area of bad sun damage (freckling, wrinkling, thin skin)



Prevention

- Wear sunscreen!
- Common places to forget sunscreen: ears and hair part (scalp)
- Clothing: Darker colors are better for blocking UV rays
- 3-6 non-saturated tampons or pads/day

SPF

- Reapply sunscreen every **30 minutes** if sweating or in water
- Average athlete does not need more than SPF 30

- ↳ Caveat for people with photosensitizing disorders (i.e., lupus or melasma)

- Best types of sunscreen:

Depends on person/sport

In general, the best sunscreen is the one that you will consistently use

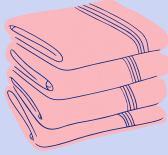


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Common Skin Conditions

Dry Skin

- ☀️ It is worst when you air dry
 - Make sure to rinse off and pat dry as soon as possible
- ☀️ Genetics
 - A lot of oil in your skin during adolescence
 - Over time you lose more of the natural oils in your skin (more water leaving the body)



Prevent and Treat

- ☀️ Soap is only needed on underarms, groin and maybe face
 - Water is a great cleanser
- ☀️ Humidifier
- ☀️ Moisturizer
 - Up to 3x/day if needed
 - In general, best one is the one you are most likely to use



Tinea

Tinea Pedis: Athlete's Foot

- Very infectious and hard to get rid of
- Most athletes don't know they have it
- Found on pool decks, diving boards, locker rooms, showers, hotel rooms
- Types
 - Moccasin: Most common
 - ☀️ Dry skin on outside of foot
 - Interdigital
 - ☀️ White skin between toes
 - Vesticular
 - ☀️ Itchy and in the instep of the foot
- Treatment
 - Be aggressive with treatment
 - Might need new shoes
 - Moisture-wicking socks



Tinea Corporis

- Annular: ring-shaped
 - ☀️ Red border on the outside and clear on the inside
- Almost always will be scaly
- As long as it is localized, treat with ciclopirox (anti-fungal, anti-bacterial, and anti-inflammatory)

Friction Blisters

- Common in almost every athlete
- Shoes need to fit well
- Moisture-wicking socks
- Vaseline or Aquaphor on hot spots (apply to socks and skin)

