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Characterization of Dysbiotic Changes of Skin Microbiota in Contact Sports Athletes

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Abstract

© 2017, Springer Science+Business Media New York. Contact sports athletes often suffer from various skin disorders (inflammatory diseases of bacterial and fungal origin, atopic dermatitis, psoriasis, etc.) resulting in long breaks in training which ruin athletic performance. Wrestling implies intense skin-to-skin contact that creates perfect conditions for transmission of the infectious agents. Following the standard rules of hygiene (showering and handwashing directly after each competition and training) does not exclude the possibility to get an infection from sparring partner. To characterize the skin microbial composition of wrestlers who do not have current manifestation of any skin disorders, the metagenomic analysis was performed. Absolute predominance of *Bacillus* genus in metagenomic profiles of wrestlers' skin was observed in contrast with the existing literature data. Classic microbiological approaches allowed to detect hemolytic forms of microorganisms. Wrestlers' skin appeared to be colonized with hemolytic bacilli, whereas the non-wrestler athletes did not have such bacteria on their skin. Such dysbiotic shifts in the microbial community may cause the emergence of skin diseases. Revealed properties could help to design highly effective antiseptics for the contact sports hygiene.

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Keywords

Bacillus, Contact sport, Dysbiosis, Skin microbiota, Wrestlers

References

- [1] Human Microbiome Project Consortium, et al. (2012). Structure, function and diversity of the healthy human microbiome. *Nature*, 486(7402), 207–214.
- [2] Cantarel, B. L., Lombard, V., & Henrissat, B. (2012). Complex carbohydrate utilization by the healthy human microbiome. *PloS One*, 7(6), e28742.
- [3] LeBlanc, J. G., et al. (2013). Bacteria as vitamin suppliers to their host: a gut microbiota perspective. *Current Opinion in Biotechnology*, 24(2), 160–168.
- [4] Stecher, B., & Hardt, W. D. (2008). The role of microbiota in infectious disease. *Trends in Microbiology*, 16(3), 107–114.
- [5] Hooper, L. V., Littman, D. R., & Macpherson, A. J. (2012). Interactions between the microbiota and the immune system. *Science*, 336(6086), 1268–1273.
- [6] Grice, E. A., & Segre, J. A. (2011). The skin microbiome. *Nature Reviews. Microbiology*, 9(4), 244–253.

- [7] Grice, E. A., & Segre, J. A. (2012). Interaction of the microbiome with the innate immune response in chronic wounds. In J. Lambris (Ed.), *Current topics in innate immunity II* (pp. 55-68). New York: Springer.
- [8] Sanford, J. A., & Gallo, R. L. (2013). Functions of the skin microbiota in health and disease. *Seminars in Immunology*, 25(5), 370-377.
- [9] Pecci, M., Comeau, D., & Chawla, V. (2009). Skin conditions in the athlete. *The American Journal of Sports Medicine*, 37(2), 406-418.
- [10] Meadow, J. F., et al. (2013). Significant changes in the skin microbiome mediated by the sport of roller derby. *Peer J*, 1, e53.
- [11] Adams, B. B. (2002). Tinea corporis gladiatorum. *Journal of the American Academy of Dermatology*, 47(2), 286-290.
- [12] Dienst Jr., W. L., et al. (1997). Pinning down skin infections: diagnosis treatment and prevention in wrestlers. *The Physician and Sportsmedicine*, 25(12), 45-56.
- [13] Dao, L., Grigoryeva, T., Laikov, A., Devjatijarov, R., & Ilinskaya, O. (2014). Full-scale bioreactor pretreatment of highly toxic wastewater from styrene and propylene oxide production. *Ecotoxicology and Environmental Safety*, 108, 195-202.
- [14] Bernard, P. (2008). Management of common bacterial infections of the skin. *Current Opinion in Infectious Diseases*, 21(2), 122-128.
- [15] Doern, G. V., et al. (1999). Bacterial pathogens isolated from patients with skin and soft tissue infections: frequency of occurrence and antimicrobial susceptibility patterns from the SENTRY Antimicrobial Surveillance Program. *Diagnostic Microbiology and Infectious Disease*, 34(1), 65-72.
- [16] Sharma, S., & Verma, K. K. (2001). Skin and soft tissue infection. *Indian Journal of Pediatrics*, 68, 46-50.
- [17] Bottone, E. J. (2010). *Bacillus cereus*, a volatile human pathogen. *Clinical Microbiology Reviews*, 23, 382-398.
- [18] Michelotti, F., & Bodansky, H. J. (2015). *Bacillus cereus* causing widespread necrotising skin infection in a diabetic person. *Practical Diabetes*, 32(5), 169-170.