

Furunculosis

Background

1. Common in football players (up to 25%), basketball players (up to 20%), rugby players

Pathophysiology

1. Pathology of disease
 - Staphylococci sp.
 - Typically susceptible to methicillin
 - Streptococci sp.
2. Risk factors
 - Skin trauma
 - "Turf burn" from artificial and nonskid surfaces
3. Morbidity / mortality
 - Post-streptococcal glomerulonephritis - "scrum kidney"
 - Rare complications:
 - Toxic Shock Syndrome
 - Necrotizing fasciitis

Diagnostics

1. History
 - Painful lesions that may spontaneously drain
2. Physical Examination
 - Well defined, erythematous, tender nodules
 - Common location: upper extremities
3. Laboratory evaluation
 - Culture and sensitivity if suspicious of CA-MRSA in Athletes

Differential Diagnosis

1. Herpes gladiatorum
2. Tinea corporis gladiatorum
3. Acne
4. Atopic dermatitis

Therapeutics

1. Acute treatment
 - Topical antibiotics
 - Mupirocin 2% apply BID x 7 days
 - Oral antibiotics
 - Dicloxacillin 500mg PO TID x 10 days
 - Cephalexin 500mg PO TID x 10 days
 - Erythromycin for athletes with PCN allergies
2. Further management
 - Warm water soaks

References

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