

Human Papillomavirus in Athletes

Background

1. Swimmers at higher risk for plantar verruca
2. Gymnasts may have verrucae between fingers

Pathophysiology

1. Pathology of disease
 - Verruca vulgaris
2. Risk factors
 - Direct contact
 - Shared showers and locker room floors

Diagnostics

1. History
 - Most lesions are asymptomatic
 - Can be associated with pruritus, tenderness, burning or pain
 - Most pts do not know where infection was contracted
 - Hx of possibility of immunosuppression
2. Physical exam
 - Flat warts
 - 3-5% acetic acid solution can be used to delineate lesions
 - HPV associated lesions develop acetowhite appearance
 - Not recommended for routine diagnosis
 - Typically used to guide biopsy

Differential Diagnosis

1. Corns
2. Calluses

Therapeutics

1. Certain treatments may exclude immediate return to sport due to recovery time
 - Cryosurgery
 - Salicylic-acid
 - Cantharidin

2008-2009 NCAA Sports Medicine Handbook: Verrucae

1. Wrestlers with multiple digitate verrucae of their face will be disqualified if the infected areas cannot be covered with a mask. Solitary or scattered lesions can be curetted away before the meet or tournament
2. Wrestlers with multiple verrucae plana or verrucae vulgaris must have the lesions "adequately covered"

Prevention

1. Wear sandals in locker rooms and showers

References

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