ACUTE CELLULITIS IN A MALE LACROSSE PLAYER
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Objective: To present the case of acute cellulites in a male lacrosse player.

Background: A 21 year old, male attack man presented to head ATC with large abrasion to left, lateral, lower leg due to sliding on artificial turf during game. Five days after initial treatment, athlete reported to Athletic Training Room with inguinal pain and flu like symptoms. The abrasion did not appear to be infected but had an increased temperature and was erythematic. Athlete stated he put baby powder on abrasion to keep dry. Abrasion had to be débrided and cleaned due to baby powder. Following evaluation, pain and enlarged lymph nodes were found in inguinal area. Athlete had local temperature of 98.5 degrees Fahrenheit. Signs of infection were only apparent in inguinal area, not abraded area. Athlete reported to hospital later that night due to intense fever.

Treatment: Abrasion was treated by cleaning affected area with saline solution and sterile gauze. Bacitracin was applied to abrasion along with non-stick pad. The night infection occurred, athlete reported to emergency room due to edema appearance and pain and fever increase. He was prescribed with antibiotics and released. The following day, athlete returned to emergency room and was diagnosed with cellulites from turf burn or tinea pedis. Athlete was advised not to participate in activity until physician’s clearance. Athlete began to feel ill and wanted to seek second opinion from family physician. Athlete went home, four days later was admitted into hospital and given intravenous antibiotics. After three days of hospitalization athlete was released. Physician instructed athletic training staff to keep abrasion clean with out irritating affected area. Treatment instructions included bacitracin and sterile gauze two times a day. Athlete was allowed to return to light activity one week later and was required to wear a foam donut pad and hard plastic covering for remainder of season. During this time, athlete continued prescribed antibiotics.

Differential Diagnosis:
Abrasision
Cellulitis

Uniqueness: Athletic trainers typically do not treat skin infections. Athlete presented with what seemed to be basic turf abrasion. Only signs of infection appeared initially in inguinal area and not affected area. Signs of cellulitis became apparent when edema presented in abrasion.

Conclusion: Although athletic trainers deal with flesh wounds on a daily basis, it is important to consider possible complications of serious infections such as cellulitis. With early recognition, cellulitis is more effectively treated.

Key Terms: cellulitis, erythematic, tinea pedis, abrasion