A Unique Skin Condition in College Baseball Player: A Case Report
Uematsu T, Leone JE*, Colandreo RM*; Southern Illinois University Carbondale, Carbondale, IL, * Bridgewater State College, Bridgewater, MA

**Background:** We present the case of a healthy 19-year-old collegiate baseball player who developed cellulitis caused by *Staphylococcus* bacteria initiated by a unique mechanism of injury/invasion. Cellulitis is usually caused by a bacterial infection of the skin, such as *Staphylococcus aureus* or *Streptococcus pyogenes*. Organisms are usually able to invade through broken skin or mucous membranes where the organisms may colonize. Affected skin presents with several signs and symptoms, such as purulent drainage and inflamed lymph nodes. Our athlete was hit by a pitch on his lateral ankle during batting practice and subsequently developed symptoms consistent with *Staphylococcus* infections. **Differential Diagnosis:** Cellulitis, deep vein thrombosis, lymphadenitis, malleolar fracture, osteomyelitis, drained hematoma **Treatment:** A course of cryotherapy and electrical stimulation for decreasing pain and swelling was initiated for 23 days. After resolution of the hematoma, the athlete reported flu-like symptoms and developed a suspicious skin reaction around his lateral malleolus. Upon further consultation with the team physician, the athlete was admitted to the hospital for further evaluation and was diagnosed as having acute cellulitis brought on by *Staphylococcus* organisms. Oral and intravenous antibiotic medication was administered continuously throughout hospitalization and follow-up care. Post-hospitalization treatments, such as wound care, were administered by certified athletic trainers with hopes of preventing further infection. After nearly one and half months, the athlete had complete resolution of his symptoms and was able to return to full participation. **Uniqueness:** The athlete was infected by a *Staphylococcus* organism through an unbroken skin surface while organisms typically infect through broken skin and mucous membranes. The initial hematoma that developed was followed by the onset of symptoms of infection after twenty-three days from the athlete originally being hit by a pitch, also adding to the uniqueness of this case. **Conclusion:** *Staphylococcus* and *Streptococcus* infections may affect more people with life-threatening conditions due to developing resistance to antibiotics (e.g., Methicillin Resistant *Staphylococcus aureus* or “MRSA”). In this case report, the athlete presented with a common mechanism of injury (e.g., contusion), however; ended up with a cellulitis caused by *Staphylococcus* organisms. It is important for sports medicine professionals to educate athletes to prevent infection through proper hygiene and early recognition of signs and symptoms. **Word Count:** 362