



Dr. John Parker

Superficial problems of the deep

The skin is the largest, most obvious and most accessible organ of the body. It is the site of most of the discomfort of divers as it is subject to many problems enhanced by the diving environment. Although most of them are of minor consequence, problems of the skin are irritating and painful. It is amazing how a small skin problem interferes with normal living. At the moment I have an infected finger from a coral cut. I had no idea how much I used this finger until it gave me so much pain every time I moved it.

Diving itself makes the skin more prone to problems. Prolonged immersion will soften the outer layers of the skin reducing its protective effect. Everyone knows that after washing the dishes the skin of the hands soon become soft and wrinkled. (Maybe many don't see it now with the rise of the dishwasher).

Diving exposes the skin to more trauma than normal. Diving suits and equipment, only worn on occasional diving trips, often result in chaffing and sometimes blisters (especially from fins). Entering and exiting dive sites are frequently made from unstable diving platforms on boats or are made in relatively rough water conditions with surf or wave action throwing the heavily laden diver off balance. When in the water the weightlessness of the diver, although a wonderful release and freedom, reduces both stability and proprioception, especially if there is poor buoyancy control. The diver is more likely to crash against nearby obstacles or unwittingly hit the bottom with their legs. In the diving environment there is an extensive array of sharp edges including coral, jagged metal in wrecks, sea urchin spines, to pierce the skin.

Once the protection of the skin is broken there is a wonderful array of unusual organisms, both bacteria and fungi) to invade the skin.

And finally there is increased pressure that can injure the skin from both without (suit squeeze) and within (decompression sickness).

But by far the commonest injury to the skin in divers (especially but NOT exclusively in Caucasian) that

I see on the Eastern seaboard of Australia is sunburn. When out on the water the exposure to the burning rays of the sun is dramatically increased from the reflected light off the water. Divers tend to converge on the warmer tropical waters and love to relax before and after diving in the sunshine. Many divers just do not appreciate the intensity of the sun in these climates and forget or ignore the preventative advice resulting in severe sunburns on the first days of their dive trip, completely ruining their diving adventure. The Australian education campaign of SLIP on a shirt, SLAP on a hat and SLOP on the sunscreen is a great reminder for prevention.

The second commonest injury is that of "coral cuts". Even minor abrasions or scratches in tropical waters will quickly become infected from an array of organisms (including *Vibrio*, *Aeromonas*, *Mycobacterium*, *Erysipelothrix*) which the "landlover" rarely encounters.

Moreover tiny pieces of brittle coral or urchin spines may be embedded in the wound creating a foreign body reaction and enhancing the infection. All wounds, no matter how minor, need to be thoroughly cleaned and treated with an antiseptic or antibiotic ointment immediately after every dive.

Another common skin infection after diving is tinea (a fungus) of the groin area. This usually starts in the skin creases at the top of the legs, especially in male divers. This area is frequently kept very moist and chaffed by wet swimmers (bathing suit). □



A very accessible, readable and yet comprehensive guide to medical conditions relevant to recreational scuba diving,

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