



CAPILLARITIS OR “THAT FUNKY RASH”

Rashes are difficult to interpret without actually seeing them. If you have a persistent rash or any other symptoms associated with a rash you should see your primary care provider for evaluation.

A discussion of all possible rashes is beyond the scope of these guidelines however, a rash seen amongst walkers is a condition called “Capillaritis”. Many walkers on these events present to the medical area with complaint of a cayenne pepper rash to their legs without any complaint of injury or trauma. This rash may be slightly itchy but NOT associated with any lower leg swelling, shortness of breath, fever, chills or red streaks or pain.

Capillaritis is the name given to a harmless skin condition in which there are small reddish-brown patches caused by leaky capillaries (very tiny blood vessels) primarily on the legs. These capillaries become inflamed resulting in tiny red dots that look like cayenne pepper to appear on the skin. The cause is unknown but this condition may develop with prolonged impact activities such as walking. Blood thinning medication such as aspirin, non-steroidal anti-inflammatories, such as Ibuprofen, and birth control pills may increase its occurrence.

There is no known cure for most causes of Capillaritis. It usually disappears within a few weeks, but may recur. Treatment is based on the presenting symptoms and can include:

- Considering if a medication could be the cause.
- Avoiding food preservatives and artificial coloring agents.
- Application of a topical steroid cream (1% Hydrocortisone) to help relieve any associated itching.

If you develop capillaritis, your legs should be kept cool and protected from UV (ultraviolet) light. Reapply sunscreen to your legs every 2-3 miles or at each pit stop.

Another rash common amongst walkers is a contact irritant rash. Sweating can cause clothing that was previously fine to become an irritant. Friction from repetitive rubbing of the clothing against your skin can cause a contact rash. This rash is usually blotchy and red. Can be itchy and burn. Again there are usually no other associated symptoms such as fever, pus filled lesions or lower extremity swelling.

Remove your sweaty clothing as soon as possible after exercise; use absorbent socks and clothing that will remove moisture from your skin. Check your walking outfits for seams that might cause a friction rub. Use petroleum jelly, body glide like products or zinc oxide (Desitin) to prevent chafing in friction areas. Avoid perfumed lotions, deodorants or soaps that may increase your skin’s sensitivity. Test your sunscreen on a training walk to see if it is irritating to your skin or your eyes.

Since many skin conditions can be misinterpreted or be presentations of other systemic illnesses it is advisable to seek the care of your personal physician if your symptoms worsen or do not improve despite the above prevention and treatment advice. Your primary care physician can help to clarify the problem, rule out viral or bacterial infections and provide the proper treatment. Some skin conditions are chronic and may need long-term medication, while other skin conditions may point toward specific systemic illnesses.

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