

Table 1. Results of the DBPCFC and of the alternative tests for the same foods

Food	N	Results of the DBPCFC		Positive results of the alternative tests			
		Positive	Placebo positive	VEGA Test	DRIA test	Cytotoxic test	Iridology
Milk	26	1/26	18/26	10/26	3/26	13/26	—
Yeast	7	0/7	4/7	3/7	1/7	3/7	—
Wheat	8	0/8	4/8	3/8	2/8	3/8	—
Egg	1	0/1	0/1	—	—	—	1/1

could be performed in 42 patients, since 36 subjects refused it. The DBPCFC was carried out by commercial liophilized extracts (Test dose, Lofarma SpA, Milan). The cumulative doses given were 85 mg milk, 10 mg yeast, 32 mg wheat and 20 mg egg. The results of the food challenges, compared to those obtained with alternative procedures, are summarized in Table 1. In no case, but one, the positivity of alternative tests was confirmed by the DBPCFC. A subjective response to placebo (itching, malaise, nausea and headache) was invariably observed in about 50% of subjects.

Complementary/alternative diagnostic procedures represent a relevant problem for both general practitioner and specialists. In our relatively small population, two-thirds of the subjects had a previous diagnosis made by alternative tests, but a positive result was confirmed only in one case. In other cases, the alternative tests were unable to identify correctly the responsible foods, or provided an unacceptable number of false positives. As a general consideration, the high rate of false positive results leads to time-consuming and useless consultations, with a not negligible resource wasting. Moreover, based on the results of the tests, inappropriate diets were prescribed to many patients. In everyday clinical practice, patients should be advised of the risks and drawbacks of alternative diagnostic techniques (3), especially in the case of suspected food related symptoms.

*Allergy & Respiratory Diseases
Department of Internal Medicine
Padiglione Maragliano
L.go R. Benzi 10
16132 Genoa
Italy
Tel: + 39 10 3538908
Fax: + 39 10 3538904
E-mail: passalacqua@unige.it

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Allergic contact dermatitis from buprenorphine

A. M. Callejo Melgosa*, J. C. Martínez, M. J. Fuentes, C. Martín

Key words: buprenorphine; contact dermatitis; patch test; transdermal delivery system.

Transdermal delivery of drugs is becoming increasingly popular. Buprenorphine transdermal delivery system (TDS) was developed for the treatment of moderate-to-severe cancer pain and severe pain, which does not respond to nonopioid analgesics (1).

Treatment of severe pain.

A 70-year-old non-atopic woman without any history of adverse reaction to drugs was referred to our Allergy Unit. In May 2004, her doctor prescribed a transdermal patch (Transtec®, Grünenthal GmbH, Aachen, Germany, 35 µg/h) as treatment for widespread chronic pains. About 10 h after application, she complained itching in the contact zone. These symptoms disappeared in approximately 15 days after treatment with a corticosteroid ointment. In July 2004, after a new application of the transdermal patch, she noted itching and erythema in the contact zone.

The contact battery recommended by the International Contact Dermatitis Research Group (ICDRG) (2) was utilized. We patch tested with the Transtec® (as is) patch and their ingredients, and 0.005 and 1% aq. of buprenorphine. Readings were taken at 48 and 96 h. Six control patients were tested to the Transtec® patch.

Patch testing to Transtec® (as is) and 0.005 and 1% aq. of buprenorphine was positive at 48 and 96 h. The zone corresponding to the buprenorphine patch disclosed erythema with infiltration and blebs with small central blisters. The other contact substances yielded negative results. Six control patients tested negative to the Transtec® patch. The final diagnosis was contact dermatitis from buprenorphine.

Buprenorphine is a low-molecular weight, lipophilic and opioid analgesic. Transdermal buprenorphine was generally well-tolerated (3). Systemic adverse events were typical of opioid treatment or were attributable to the underlying disease (0.005 and 1% aq. of buprenorphine). To our knowledge, there are no reported cases of contact hypersensitivity to buprenorphine. We described the first case of contact dermatitis from buprenorphine.

*C/El Cotarro 22
47195 La Flecha
Valladolid
Spain
E-mail: med024383@saludalia.com
Tel/Fax: +34 98 340 7370

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