

Letter to the editor

We have read with great interest the article entitled "Not one lancet for multiple SPT", recently published in *Allergy* (2001;56:256–257).

We wish to make the following comments, which are in the order of points presented in the article.

- The first comment refers to the use of one lancet for multiple tests with several allergens on the same patient in an attempt to reduce costs. The cost savings involved are small and in our experience are not the primary reason. The use of one lancet, particularly with children, provides an efficient and speedy procedure.
- The use of cotton moistened with 75% ethanol to clean the lancet is questionable, as the ethanol could act as an irritant and could induce an induration not necessarily due to the allergen or crossover effect. In any case, it is quite clearly stated in the *British National Formulary* ("To avoid broken skin") that the use of ethanol in such procedures is not recommended and should be avoided. My personal experience in allergy extends over 18 years and I have skin tested well over 5000 patients (at least 50 000 prick tests) by the single lancet and wipe (a tissue) method for each patient. In addition, my colleagues Sharon Matthews, who has tested many thousands of patients, and Maureen Jenkins, who has tested well over 500 patients, also use the single lancet method. This totals well over 200 000 individual skin prick tests, and not one of us has ever experienced the crossover reaction described in the article.

I have also deliberately put the histamine control before and after testing allergens. I carried out this procedure on 30 patients, and where there was a response after the histamine control I retested on the other arm. In each case, I was able to show that it was an allergen response, and not a histamine crossover response. Out of the 30 patients, two proved to have mild dermatographism.

- I am assuming that the placebo mentioned is the negative control. This is not clear.
- It is stated that in the "multiple test" method false-positive tests at the placebo site after allergen administration were recorded in 20 out of 35 pricks performed when all reactions were considered. This is followed by the statement that this false-positive response was not observed in the "single test" method with histamine or codeine in both methods. I would argue that if the lancet was wiped with ethanol and then pricked into an allergen solution it is more likely that the allergen would be the first solution to be passed over. Therefore, if the patient was not atopic, then the ethanol was more likely to be the irritant on the broken skin, particularly if the operator had not allowed sufficient time for the ethanol to evaporate from the lancet.
- If the size of the false-positive lesion after application of the allergen did not depend on the type of allergen but on the intensity of the reaction to the allergen applied before placebo, surely, in this case, it is an allergen gravitation to mast cell response (satellite response), and not a carry-over response, that is being reported.
- I would dispute the fact that it is believed that the procedure being opposed could be used (i.e., one lancet for all allergens) when screening tests and epidemiological studies of atopy where it is not necessary to identify the specific allergen. My argument is that if the method being put forward throws up numbers of false positives, in turn it would show, in the above studies, a higher atopy prevalence than was necessarily the case.

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