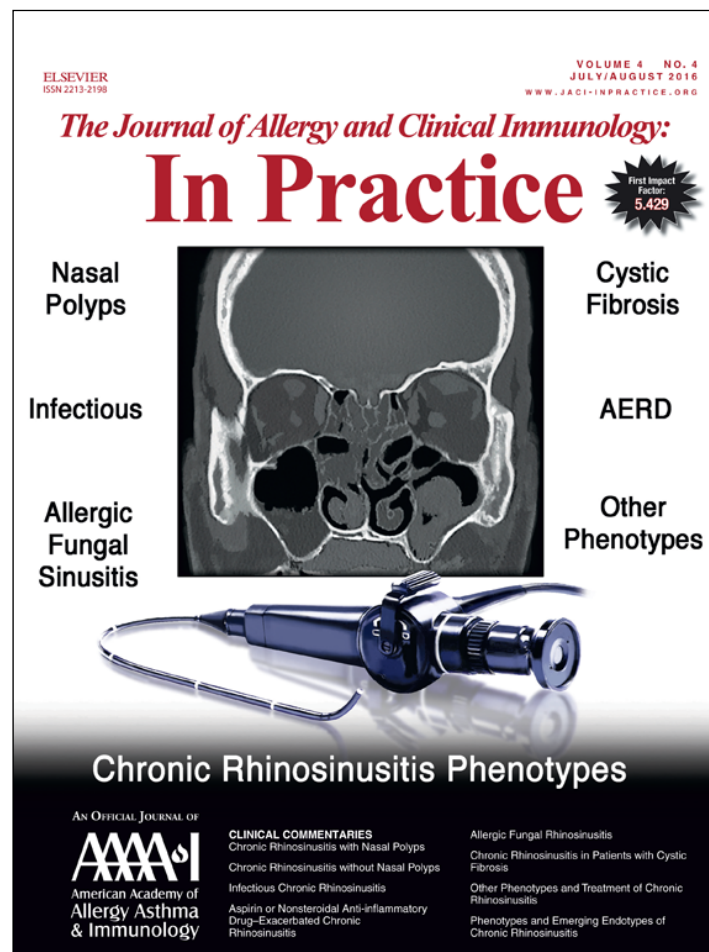




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Correspondence and Replies

Device Technique Used in Skin Test Study



To the Editor:

The recent article by Tversky et al,¹ in the *Journal of Allergy and Clinical Immunology: In Practice*, concerning diagnostic allergy skin test devices points out that the analytical sensitivity of the Greer Pick (Greer, Lenoir, NC) was inferior to those of most of the other devices, even when using a rather strong histamine control of 6 mg/mL. The mean wheal size of the histamine control was 4.8 mm. I am concerned that the device's poor performance was due to the technique with which it was used. The authors' methods state, "All manufacturer recommendations were followed in the application of each device," but include the Greer Pick in the group of devices that were applied using direct pressure. However, the manufacturer's instructions for the Greer Pick state: "Hold the Greer Pick at an approximate 45-degree angle to the skin at the test site, bringing the tip in contact with the skin in the direction the Greer Pick is pointing. Press the tines, making contact with the superficial skin. Withdraw the Greer Pick with a slight lifting of the skin."² This error in technique may explain the high false-negative rate for this device, which has performed very well in several other studies.³⁻⁵

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Reply



To the Editor:

Regarding the comments from Engler¹ in this month's issue, we recognize that the prick and lift technique preferred by the manufacturer of the Greer Pick may result in larger wheal reactions than we observed. However, the intent of our study was not to select specific methods that may cater to manufacturer preferences. Indeed, the manufacturer also describes several alternate methods in its downloadable instructions including the direct pressure puncture technique that we used in our study.² We chose to use the direct pressure method for all devices evaluated because this technique has been shown in a number of studies to be more reproducible and less subject to operator skill, angle of application, and amount

of pressure compared with the prick and lift method that Engler advocates.³⁻⁵ We felt it was important to evaluate modern skin prick test devices head to head each using the same exact method rather than favor one technique over another. Ultimately, the size of the wheal reaction does not necessarily equate to one device being "inferior" to another. All skin prick test devices performed well using the standardized approach we used, with the nuances of each physician preference dictating which device should be selected for use in practice.⁶

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Can an increased cholinergic tone constitute a predictor of positive response to tiotropium in patients with moderate asthma?



To the Editor:

We read with interest the excellent article from Paggiaro et al¹ showing that tiotropium add-on to low- to medium-dose inhaled corticosteroid maintenance therapy was an efficacious bronchodilator in adult patients with mild to moderate asthma. Other phase III studies have investigated tolerability and efficacy of tiotropium as add-on to maintenance treatment of adults,² adolescents,³ and children⁴ with moderate asthma not controlled by inhaled corticosteroids. With the exception of Peters et al,⁵ none of these studies reported the evaluation of a predictor of positive response in tiotropium-responder patients.

In an article in this journal, we demonstrated that about 63% of the patients with asthma reported at least 1 nonrespiratory symptom before an asthma attack.⁶ A significant proportion of these nonrespiratory symptoms are clearly related to an increased cholinergic tone. We hypothesize that, in some individuals, this condition may play a predominant role in determining airway obstruction, in comparison with other well-known factors