

Patch testing in pregnancy and lactation can yield positive reactions

To the Editor:

Although patch test guidelines state that testing in pregnancy and lactation is not known to be harmful, most practitioners would postpone testing as a general precaution.¹ Considerations include that hypercortisolemic states could result in false-negative results or that any problems with the pregnancy subsequently could be attributed to the tests themselves. It would be unethical to perform a prospective study retesting pregnant or lactating women known previously to be positive on patch tests. Yet sometimes, clinical need may require testing under nonideal conditions. Such results can contribute to an evidence base.

Patient 1, a woman in the 32nd week of gestation, presented with an intermittent, itchy facial dermatitis resistant to standard topical corticosteroids. She gave a history suggestive of old nickel allergy but felt that cosmetics were worsening her rash. She was on maternity leave and was very keen to exclude a contact allergy before the birth. Patient 2, a different woman, presented 4 months after the birth of her first child. She was exclusively breastfeeding her child on demand. Emergency dental work was postponed during the pregnancy and the dentist would not intervene until patch testing had taken place. The patient reported previous localized rashes on wearing costume jewelry. Both women were counseled about the unknown effects of patch testing in pregnancy and breastfeeding, but that any risks were likely to be very low to the mother (or fetus), given the concentrations of chemicals used. They were told that the false-negative rate of testing in such circumstances was also unknown and that if clinical doubt remained after testing, they should be retested later. Both women gave informed written consent to have the patch testing against our advice to defer the tests. Testing was performed using Finn Chambers on Scanpor Tape (Smart Practice, Phoenix, Arizona) and allergens from Trolab (Reinbek, Germany) and Chemotechnique Diagnostics (Vellinge, Sweden). A reduced European Baseline Series as well as some targeted potential contact allergens were used to minimize exposure. Occlusion was for 2 days and readings were performed according to ESCD criteria¹ on day (D) 2, D4, and D7. Patient 1 showed a + reaction to nickel sulfate on D2, D4, and D7, as a decreasing reaction to potassium dichromate typical in the evolution and

morphology of an irritant reaction. Patient 2 showed a ++ reaction to nickel on D2 which persisted to D4 and was still itchy by D7, as well as a reaction suggestive of irritation to cobalt, although such reactions may be better termed doubtful reactions of unknown relevance.

Although we have demonstrated that positive (allergic) and irritant reactions may indeed be seen on patch testing in pregnancy and lactation, it is uncertain if there were false negatives. However, at the very least, there is now some positive evidence that patch testing may safely take place in these states if otherwise unavoidable. This is analogous to the limited evidence surrounding patch testing with patients receiving systemic immunosuppressive agents.² Patient 2 was able to have her dental surgery without allergic complications. Patient 1 responded subsequently to low-potency corticosteroids in an ointment preparation. We chose to document the consent procedure in writing given the previous lack of evidence in the literature. Patch testing can be performed safely in pregnancy and lactation if postponement is not desirable.

CONFLICT OF INTEREST

The authors have no real or perceived conflicts of interest to declare.

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