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Procedure Pearl: Patch Testing, a Light in the Dark

To the Editor:

Patch-test application, be it comprehensive testing or the Thin-Layer Rapid Use Epicutaneous test (T.R.U.E. Test [Mekos Laboratories A/S, Hillerød, Denmark]), allows for specific identification of chemical allergen sensitizers. The commercially available T.R.U.E. Test strips are notched to line up with the reversible test read decoder strip (Fig 1). When it comes to comprehensive patch testing, however, the average number of allergens placed on a patient ranges from 65 to 100, and there are no notches or decoder strips.

If detecting a relevant allergen is like looking for a needle in a haystack, then improper marking of the location of the patches correlates with looking for the needle in the haystack in the dark. Most patients do not want their entire backs inked up with surgical markers. Thankfully, there is a “light-in-the-dark” technique, a Wood’s light (long-wave ultraviolet light), that is.

Patch-test strips are placed on the patient’s back, and corresponding numbers are placed at the corners to ease location during evaluation (Fig 2). After the test strips are removed, a fluorescent marker is used to outline each

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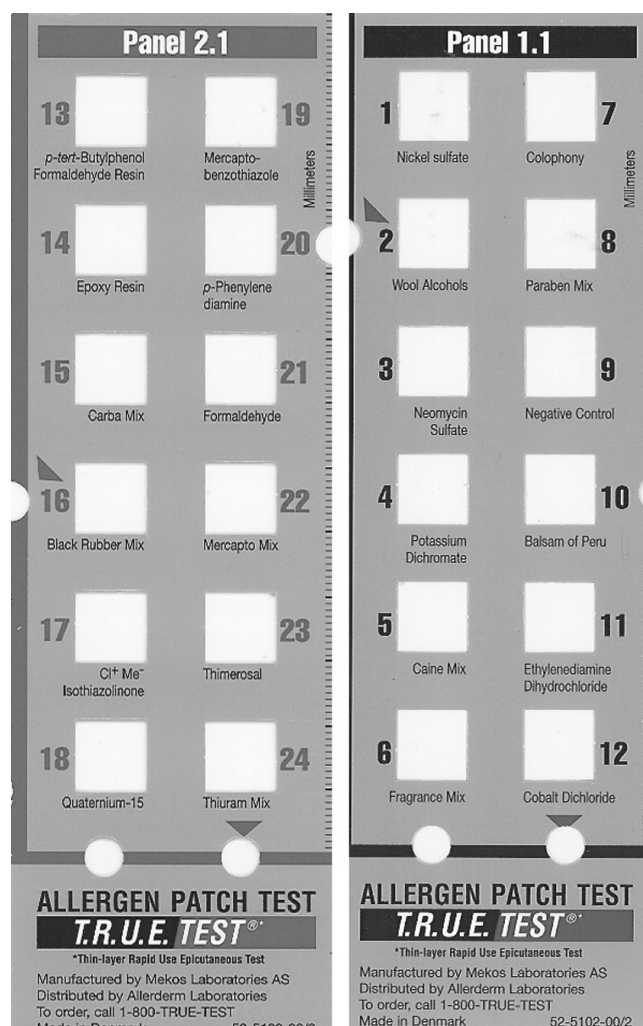


Figure 1. T.R.U.E. Test (Allergen TM) notch and decoder strip.



Figure 2. Fluorescent marking of the patch-test layout.

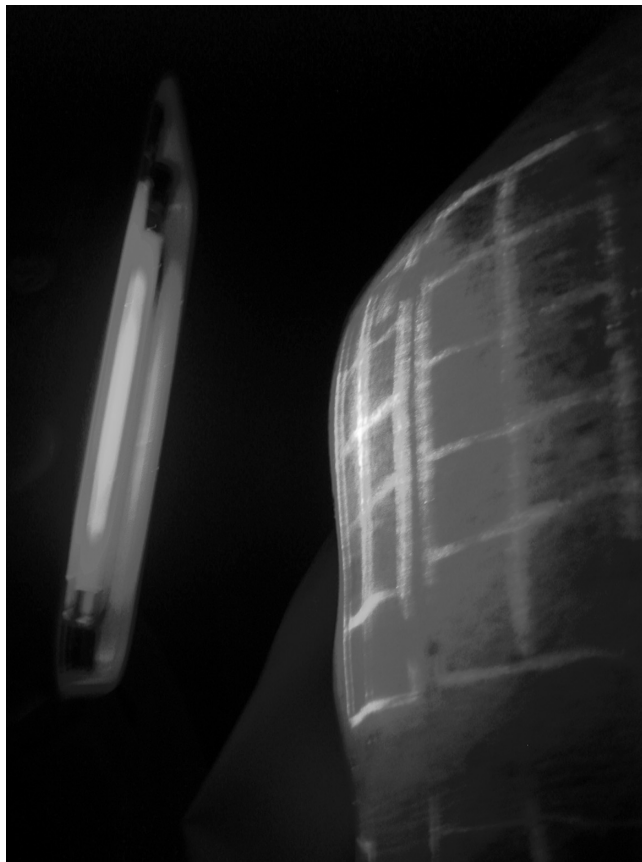


Figure 3. Wood's lamp-assisted visualization.

patch. This inking technique is not visible to the eye. When the patient returns for the final read, Wood's lamp-assisted visualization of the patch layout enables the patch evaluator to pinpoint the exact location of each patch (Fig 3), allowing for greater accuracy in the final evaluation read, not to mention improved patient satisfaction with the patch-test process.

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This "pearl" was learned through the mentorship of Dr. William James.

Correction

The authors were incorrectly listed in a manuscript published in the June 2006 issue. Giuseppe Militello and Denise K. Woo were co-first authors and William D. James of the Department of Dermatology, University of Pennsylvania should have been listed as the senior author on The Utility of the TRUE Test in a Private Practice Setting, *Dermatitis* 2006;17:77–84.