

Using a Nonadherent Transparent Scribing Sheet: Tip for Allergen Location in Pediatric Contact Dermatitis Testing

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Abstract: We discuss the use of a nonadherent transparent scribing sheet as a tool to aid in allergen location during patch testing in pediatric patients.

Patch testing is recommended in children with moderate to severe atopic dermatitis whose condition is refractory to treatment and those whose history is suggestive of allergic contact dermatitis (1). However, patch testing can be challenging in these patients because they are often very dermatitic, and the markings used to denote the location of the patches can become obscure between visits, further increasing the difficulty in reading for positive reactions.

Recently a 13-year-old girl with a history of chronic eczema since infancy was referred to our patch test study. At the time of presentation for patch application she was found to have generalized dermatitis, with an Eczema Area and Severity Index score of 44.8. The family related that her dermatitis was “at its best” (her condition was in an improved state compared to her baseline), and it was decided to proceed with application of a Thin-Layer Rapid Use Epicutaneous Patch Test (Smart Practice, Phoenix, AZ). Given the patient's extensive disease, there was concern that she might flare during the procedure, the strips might fail

to adhere, or the markings might fade before the next visit. Precautions were taken to reinforce the patches and a nonadherent transparent scribing sheet (PatchMap, Smart Practice) was used (2). The patient did not have any natural landmarks on her back, so a series of stars were drawn on her back (outside of the patch test area) to aid in alignment of the map (Fig. 1A, B). At the follow-up visit, although the patches had adhered, there was excessive moisture and a flare up of the dermatitis in the patch application area, making it difficult to identify the marks on the patient's back. It was necessary to treat the patient with a 10-day course of cephalexin and bleach soaks. On the final reads at 96 and 120 hours, the PatchMap was instrumental in delineating the sites of application and enabled us to diagnose the patient's contact allergies successfully.

The recommendation is to align the PatchMap with landmarks on the skin, such as moles or scars, but when these are not available, marks can be created (preferably outside the patch test area) that can be used for map alignment.

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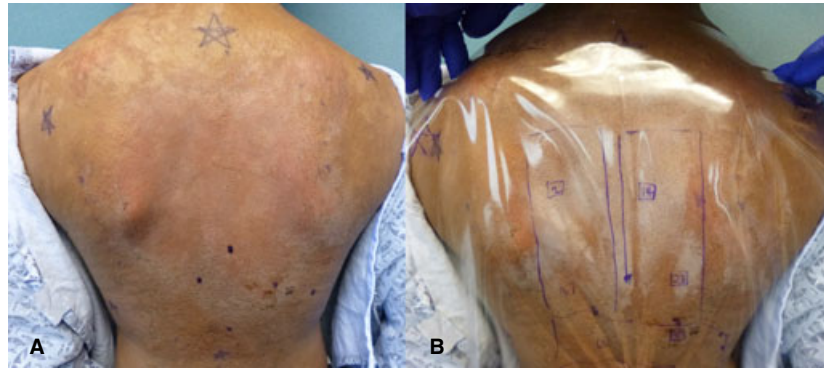


Figure 1. (A) Patient's back with stars drawn as landmarks. (B) PatchMap aligned on the patient's back.

CONFLICT OF INTEREST

The authors' center is currently performing the SmartPractice USA-sponsored Pediatric Research Equity Act TRUE Test Panel 3.2 Trial in Children and Adolescents.

2. PatchMap [on-line]. <http://www.smartpractice.com/Apps/WebObjects/SmartPractice.woa/wa/category?cn=Products-patchMap&id=508230&m=SPA>. Accessed on September 24, 2013.

REFERENCES

1. Herro EM, Matiz C, Sullivan K et al. Frequency of contact allergens in pediatric patients with atopic dermatitis. *J Clin Aesthet Dermatol* 2011;4:39–41.