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Evaluation of cat skin test sensitivity

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To the Editor:

I am extremely concerned over some of the conclusions of Wood et al (Wood RA, Phipatanakul W, Hamilton RG, Eggleston PA. A comparison of skin prick tests, intradermal skin tests, and RASTs in the diagnosis of cat allergy. J Allergy Clin Immunol 1999;103:773-9). I don't believe the methods in their study truly rule out allergy. This is extremely important in that a falsely negative skin prick test in this instance can cause morbidity. If a patient is told that he or she is not cat allergic, then the cat stays in the bedroom or the family may decide to get a cat. Asthma may worsen, with increased need for medication, emergency department visits, and hospitalizations. Paradoxically, skin testing may result in increased costs and morbidity and increase rather than decrease patient suffering. There were false-negative skin prick tests in this study, and the cutoff value between positive and negative responses did not convince me that all cat-sensitive individuals were excluded. In addition, subjects were challenged to a room with 2 cats for only a 1-hour period. Would a lack of response to this challenge absolutely rule out cat allergy? Does the response to this sort of exposure mean that it is safe for an 8-year-old asthmatic patient to obtain and live with one or more cats and to keep them in the bedroom? To allow for the effects of allergen priming, etc, should those less sensitive (such as those who are only intradermal cat skin test positive) be challenged 1 to 3 weeks with regular exposure to cats in their environment before it is concluded that intradermal cat skin tests are always noncontributory? This study

in its current form should not be used to prove the lack of utility in doing some cautiously interpreted intradermal skin tests.

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