

Letter to the Editor

False-negative patch test with levobunolol

Dear Sir

I was interested to read the article by Statham (1), having recently had similar problems in 2 patients with a history of reaction to levobunolol eyedrops. Higher concentrations (up to 10% pet.) for patch testing have been recommended (2), but these are not immediately available. Tape stripping prior to application of the preservative-free formulation of the β -blocker has also been recommended (3, 4). As an additional option, I patch tested after pricking the skin ca. $10 \times$ with a prick-test lancet prior to application of preservative-free Betagan (containing levobunolol 0.5%). This elicited positive (+) reactions at D2 and D6. Conventional patch testing was negative at D2, D4 and D8. This would appear to be a further simple method of increasing the sensitivity of the test using readily-available allergen.

Yours sincerely
S. Mark Wilkinson
Dermatology Department
General Infirmary
Leeds LS1 3EX
UK

References

1. Statham B N. Failure of patch testing with levobunolol eyedrops to detect contact allergy. *Contact Dermatitis* 2000; 43: 365–366.
2. De Groot A C, Van Ginkel C J, Bruynzeel D P, Smeenk G, Conemans J M. Contactallergie voor oogdruppels met β -blokkers. *Ned-Tijdschr Geneesk* 1998; 142: 1034–1036.
3. Frosch P J, Weickel R, Schmidtt Th, Krastel H. Nebenwirkungen von ophthalmologischen Externa. *Z Hautkr* 1988; 63: 126–136.
4. Koch P. Allergic contact dermatitis to timolol and levobunolol in eyedrops, with no cross-sensitivity to other ophthalmic β -blockers. *Contact Dermatitis* 1995; 33: 140–141.