

LETTER TO THE EDITOR

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When to patch test and when to prick test

Dear Sir,

In the June 2019 issue, Cannon and Cullinan provide a helpful ‘how to do it’ paper which describes skin prick testing in an occupational health context [1]. As the authors note, skin prick tests work by eliciting an IgE-associated immune response. In an occupational setting, skin prick tests may be used prospectively to detect in asymptomatic workers the presence of specific IgE to occupational aeroallergens as an additional means of monitoring workforce exposure. In the general healthcare setting, skin prick tests may be used as part of the investigation of patients who have atopic diatheses [2]. As noted by Cannon and Cullinan, this includes atopic eczema [1], especially in children beyond 5 years of age, the majority of whom are allergic to common aeroallergens [3].

In the same issue, it is stated that ‘another mainstream occupational health problem is occupational dermatitis. Skin prick testing is widely used as a screening tool for potential workplace allergies’ [4]. The most prevalent workplace allergies are occupational contact dermatitis and occupational asthma; but the screening tools are very different. It is important to recognize that, unlike atopic eczema, contact dermatitis is a type IV cell-mediated type hypersensitivity reaction and that the test used in

making a diagnosis of occupational contact dermatitis is the patch test [5]. Skin prick tests are used when making a diagnosis of the much less frequent allergic condition occupational contact urticaria [5].

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References

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