

House dust mites in pediatric atopic dermatitis

To the Editor

Atopy patch test (APT) is able to identify the triggering allergens, and consists of the epicutaneous application of allergens for 48 hours with an evaluation of the eczematous lesions induced after 48 and 72 hours, according to the reading criteria of the European Task Force on Atopic Dermatitis (ETFAD).¹ It showed a higher specificity than skin prick test (SPT) and specific immunoglobulin E (IgE) test, since the pathophysiological mechanism of the reaction induced is very similar to that, which occurs in atopic dermatitis (AD) lesions.¹ Moreover, APT might even detect a relevant sensitization in the absence of the specific IgE.² In a recent Brazilian study,³ APT has shown statistically significant results when performed with dust mites in patients with AD ($p=0.035$; odds ratio (OR)=3.35; and 95% confidence interval = 1.18-9.47). Therefore, APT might be advocated to be part of the work up of patients with AD better than SPT as recommended by Adham et al.⁴

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Reply from the Author

I was pleased to read the comment of Prof. Mahmood Al-Medawawi on our paper. There are few points I would like to highlight here.

Since its discovery, the SPT is still the most commonly used test for allergy diagnosis, being simple, safe, and cheap, and the results can be available in few minutes with ability to diagnose hypersensitivity in 75% of the affected subjects. It is the classic method used by researchers for the diagnosis of house dust mite hypersensitivity.⁵ Skin prick testing is usually the first test recommended when an allergy is suspected. The

advantages being it is a simple, quick (providing results within 15-20 minutes), and inexpensive form of testing. It can give useful information in all forms of allergy, and is appropriate for inhaled and ingested (eaten) allergies.⁶ The test is conducted within the hospital or GP surgery by specially trained nurses or doctors. On the other hand, the patch test simply uses a large patch, which has different allergens on it. The patch is applied onto the skin, usually on the back. When a patch is applied, the subject should avoid bathing or exercise for at least 48 hours.⁷ A large wheal from an SPT is a reliable predictor of true food allergy among the general population, according to a new research presented in San Francisco at the 2011 conference "Skin prick tests are easy to administer, and are carried out in specialized allergy clinics".⁸

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