

Frequently Asked Questions- 10

1. WHAT IS CONTACT DERMATITIS?

Contact Dermatitis refers to a condition where an allergy to a certain chemical causes itching or a rash on your body. These chemicals may be found in items such as topical lotions, creams or medications, gloves, shoes, clothing, jewelry, hair dyes, other cosmetics, perfumes, and numerous other sources in the environment. **One of the most common causes is nickel. In some cases, diet may be a contributing factor. For example for people who are very sensitive, certain foods (like spinach, chocolate and soy) may activate the reaction, because they are high in nickel.** For more information see Low Nickel Diet link.

2. WHY DO I HAVE AN ALLERGY NOW, IF I HAVE NEVER HAD THEM BEFORE?

Contact dermatitis will develop once you have been exposed to enough times, (repeated ‘dosing’). Every person is different in terms of how many times and how much chemical they need to be exposed to in order to react. However, for this type of allergy there is a threshold (dose level) at which enough exposure to the chemical causes the rash or itching. At the point when you have a sustained rash, you have reached your threshold dose for reactivity. On some days you may have less contact with the chemical you are allergic with and thus your symptoms will come and go, as the dose rises and lowers. Again, once you pass your threshold, your rash can stay (persist) or recur in the same place.

3. WHAT IS PATCH TESTING?

Patch Testing is the method for detecting and confirming these contact allergies. Specific chemicals in substances that come in contact with the skin can be tested. The chemicals or substances to be tested are applied to plastic or metal disks on stickers and then placed on the skin of the back or upper inner arms. These chemicals are in specific appropriate concentrations. They will be covered with tape, and remain in place for approximately 48 hours. Your provider will then remove them, and check for reactions again at 72-120 hours after application. **You will not receive any injections.**

4. WILL PATCH TESTING DETECT ALL MY ALLERGIES?

No. Patch testing detects only one type of allergy (called delayed hypersensitivity reactions), the type that produces redness, itching, and sometimes tiny blisters on the skin.

The type of allergy that causes sneezing, sinus congestion, asthma, or hives is detected by another technique called scratch testing; this type of allergy is usually caused by cat or dog hair, trees, grasses, flowers, foods, etc. Allergists and immunologists perform this test with small injections on your back and arms.

5. WHAT IS THE BEST SITE FOR PATCH TEST APPLICATION?

The back and arms are the sites for application. Note, no corticosteroid (“cortisone”) creams or ointments or over-the-counter lotions or creams should be applied to the area where the patch tests will be placed for several days (preferably about two weeks) before coming in for patch tests. Also, it is important that you

not get a sunburn or tan on your back 2 weeks prior to testing. Please shave your back (if it's hairy) two days before your patch test appointment to minimize discomfort during the procedure.

6. SHOULD MY SKIN BE CLEAR OF DERMATITIS?

Preferably, yes. It is important that your back be clear. Should your back not be clear enough for testing, your procedure may have to be postponed.

7. HOW MANY VISITS WILL BE REQUIRED FOR THE PROCEDURE?

Three. You will have three (3) procedure visits. Patch tests are applied on the first day of the procedure. The patches are removed and initial results are read on the second procedure visit. A third procedure visit is required to perform a final evaluation of your patch test results.

8. CAN ANY MEDICATIONS INTERFERE WITH THE PATCH TEST?

Yes. Oral “cortisones” such as prednisone and medrol tablets. Do not receive any injections of “cortisone” for four weeks before patch testing. Anti-histamines do not interfere with the results, so these may be taken as your provider indicates.

9. ARE PATCH TESTS SAFE?

Patch tests are generally safe. The patch test has been used since its discover in 1895 by Josef Jadassohn. They have been used on thousands of patients, and side effects are rare. Common things patients notice are itching, sweating, tape pulling or feeling tight. Some people feel discomfort and stickiness when the tape is pulled off, or may notice redness, burning, and sometimes blisters (where a test turns positive).

Flares of the patient's original dermatitis, during the patch test procedure, may be noted. This is because your skin remembers your allergic spot. Make sure to tell your provider about previous reactions, and discuss any questions or concerns you may have with them.

10. WHAT WILL HAPPEN AFTER MY PATCH TEST?

At the final reading your results will be given to you by your provider. You should be given a list of the chemicals you reacted to, and be informed on which are most likely relevant to your dermatitis (based on your history and exposures). You should be given information about the common places these allergens are found, and ways to avoid them. Your provider might be a member of an electronic database resource, such as the American Contact Dermatitis Society's Contact Allergen Management Program, and provide you with a computerized list of all the products that do not contain the chemicals that were identified on patch testing (devoid of the chemicals you reacted to on your test).