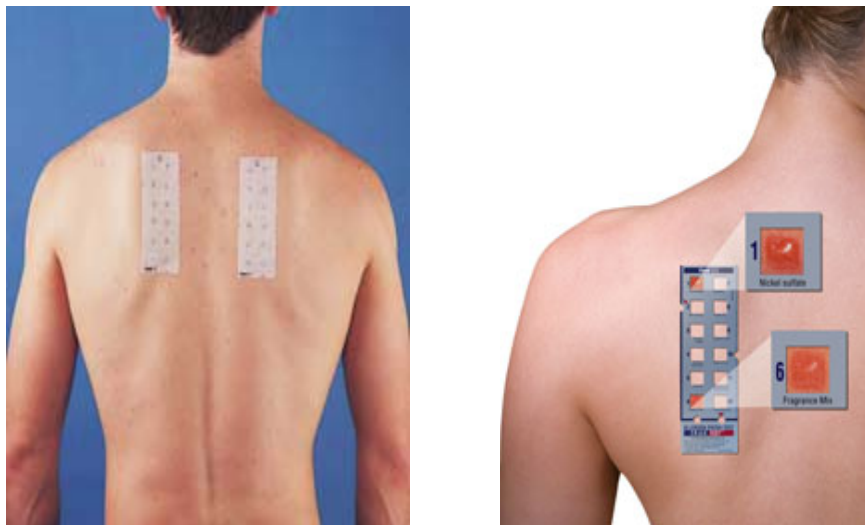


Patch Tests

Patch tests are the standard for diagnosing [allergic contact dermatitis](#). Click the link to learn more about this condition.



In patch tests, two rectangular patches containing 23 chemicals [the ones majority of patients are likely to react] and one negative control are applied on your back and left there for the next 48 hours. The patches are usually secured by additional application of hypoallergenic tapes. You return to the office in 48 hours. The patches are removed and after 30 minutes, the doctor reviews the test site and looks for any possible reactions. Then you are sent home without the patches being put back and are told to come back after another 48 hours. At the time of second visit [96 hours after the initial application of patch and 48 hours after the first reading] the doctor examines your back for any possible reaction. The second reading can be done anywhere from 96 to 144 hours after the initial application of the patches. It is very important to do the second reading because sometimes reactions may not show up at the time of first reading.

During the entire time it is very important you stay in cool environments and avoid vigorous work or activities to minimize sweating. Also you should not take shower to avoid wetting the back. However you can take sponge baths. Medications such as steroids [prednisone, prednisolone, Medrol Dosepak and steroid injections], topical steroid creams and chemotherapy for cancer can interfere with the patch test results and can cause false negative results. Therefore we recommend not taking these medications for at least 4 weeks before the application of patches. Please check with your doctor before you stop taking any of these medications. Antihistamines such as Benadryl, Claritin, Zyrtec or Allegra do not interfere with patch testing and therefore can be continued.

Sometimes false positive reactions [the test is positive but you are not truly allergic to the material] occur if the patch tests are done when the rash is acute and is extensive. It is always prudent to wait until the skin rash gets better before doing the patch test.

Patch testing to antigens at standard concentration and in standard vehicles is an extremely safe procedure. Complications include flare-up of contact dermatitis. Severe reactions (allergic or irritant) can lead in rare cases of blistering, necrosis, scarring, keloids, light or dark pigmentation of the skin at the test site. Occasionally, persistent reactions or bacterial or viral infections can occur. An anaphylactic reaction can occur to antigens that are responsible for contact urticarial responses. Very rarely patients are sensitized to an antigen by patch testing. Complications from patch tests with a standard series are rare and are no excuse for the omission of this valuable test procedure. It is our policy to get informed verbal and written consent from you before applying patch tests.

If you experience significant itching, irritation or pain at the site of patch application, you should contact us immediately and should remove the offending patch with the physician's permission and leave the other patch on.

The patch tests have 70% sensitivity and specificity. This means a negative test does not rule out allergic contact dermatitis. If you have a positive test, then you should find out the relevance of the test by strictly eliminating all skin and body care products containing the chemical(s) to which you tested positive and see if the rash resolves over time.

Most of the insurance companies cover the tests. Some insurance may require prior authorization. Please contact our office if you would like to [schedule an appointment](#).