



Asthma Allergy Sinus Center

How to Prepare for a Patch Skin Test

Skin testing may be used to find out if a skin rash is from direct contact with an allergen. If certain medicine is not stopped before the taking the test, we may not get accurate results. Please check with your doctor before you stop any medicine.

- Wear old, darker clothing, because of possible clothing stains.
- Avoid sun exposure for at least 2 weeks, better four, before the testing.
- Shower the morning of the test, as you cannot get your back wet after the patches are applied for two days.
- Do not put any creams or oils on your back the morning of the testing.
- If there is a hair on the back where the patches will be applied, shave a day or two before testing (do not use chemical hair removal)
- Ideally you should not be on any immunosupresant medications such as: corticosteroids, cyclosporine, mycophenolate before patch testing. Oral steroids are best to stop 4 weeks prior to testing.
- If corticosteroids cannot be stopped, a low dose of prednisone (less than 20mg/day and cyclosporine may still yield clinically relevant results. (1)
- With the permission of your doctor, stop these medicines for 1 week before your appointment: potent topical corticosteroids and calcineurin inhibitors. (see list below)
- Non-steroid anti-inflammatory drugs/supplements may decrease skin reaction.
- Continue to take all your other medicine as you usually do.

What to Bring With You

Bring any cosmetics that you suspect may be causing a problem. This may include nail varnish, moisturizer, sunscreen, prescribed and non-prescribed ointments, creams and lotions, etc. If possible, bring these in their original containers with ingredients listed. Do not bring shampoo or soap because these are not usually tested.

If clothing is suspected bring about a centimeter square of material taken from seams. Rubber gloves and footwear can be tested as well.

About the Test

The patch tests will be placed during the first visit- Monday. Patch tests include rectangular panels with small amounts of pre-applied allergens. The panels are placed on the skin, typically the back. After two days the panels are removed and the skin reactions are measured. You will



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come back again one or two days after the panels are removed to measure the skin reactions again. Sometimes individual patch tests may be applied.

You will visit us three to four times during the patch testing. Each visit will take about 30 to 40 minutes. Positive reaction become red and itchy at the test site and usually become apparent at the third visit (final reading): however, they can occasionally take longer, up to 2 weeks. If you develop delay reaction after your last reading please call our office.

Once the Patch Tests Are in Place

Please follow these directions while the patch tests are in place:

- If a patch test starts to peel off, reinforce with tape such as Micropore or Scanpor.
- Do not swim, rub, or scratch area, avoid sweating, excessive physical activities, during the testing. You can take a shallow bath or sponge bath, but avoid getting your back wet.
- Do not expose your back to sunlight during the testing.
- If you have a lot of itching or burning under a panel, call the doctor's office we may need to remove the panel.

Contraindications for Patch Skin Testing

- Pregnancy
- Breast feeding
- Acute generalized extensive dermatitis on the back (until dermatitis is controlled)

Side Effects

- Skin redness and itching at the application site
- Persistent reaction
- Flare of eczema
- Pigment change (1:1000)
- Infection
- Scarring (1:10000)
- Allergy (1:5000)



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Potency of Topical Corticosteroids

WHO-World Health Organization Classification of Topical Corticosteroids

The potency of a topical corticosteroid depends on the formulation. In general, ointments are more potent than creams or lotions. ^[1]

Ultra high potency topical corticosteroids

Group I

- [Clobetasol](#) propionate cream (0.05%)
- [Diflorasone](#) diacetate ointment (0.05%)

High potency topical corticosteroids

Group II

- [Amcinonide](#) ointment (0.1%)
- [Betamethasone](#) dipropionate ointment (0.05%)
- [Desoximetasone](#) (cream or ointment) (0.025%)
- [Fluocinonide](#) (cream, ointment, or gel) (0.05%)
- [Halcinonide](#) cream (0.1%)

Group III

- [Betamethasone](#) dipropionate cream (0.05%)
- [Betamethasone](#) valerate ointment (0.1%)
- [Diflorasone](#) diacetate cream (0.05%)
- [Triamcinolone](#) acetonide ointment (0.1%)

Moderate potency topical corticosteroids

Group IV

- [Desoximetasone](#) cream (0.05%)
- [Fluocinonide](#) acetonide ointment (0.025%)
- [Hydrocortisone](#) valerate ointment (0.2%)
- [Triamcinolone](#) acetonide cream (0.1%)

Calcineurin inhibitors are classified as immunomodulating agents; this means that they act on the immune system to reduce skin inflammation.

- Tacrolimus (Protopic 0.03% and 0.1%)
- Pimecrolimus (Elidel)

Reference:

1) [Patch-testing While on Systemic Immunosuppressants](#), David Rosmarin; Alice B. Gottlieb; Adam Asarch; Pamela L. Scheinman: Dermatitis. 2009;20(5):265-270.

2) [A Practical Guide to Patch Testing - JACI: In Practice](#). [https://www.jaci-inpractice.org/article/S2213-2198\(15\)00244-5/pdf](https://www.jaci-inpractice.org/article/S2213-2198(15)00244-5/pdf), by L. Fonacier