

Diagnostic methods in dermatology

Table 1.7. Types of hypersensitivity reactions (Gell and Coombs)

Type	I	II	III	IV
Name	Anaphylaxis	Antibody-dependent cytotoxicity	Immune complex disease	Delayed-type hypersensitivity
Antigens	Allergens, usually soluble (drugs, foods, arthropod toxins, pollens)	Blood cells, drugs, tissue antigens	Drugs, serum, microbial antigens, tissue antigens, inhaled antigens	Drugs, contact allergens, microbial antigens
Effectors	IgE on mast cells	IgG, IgM	Primarily IgG, forming immune complexes with antigens	Sensitized T cells
Mediators	Mast cell products	Complement, NK cells	Complement, neutrophils are attracted, cannot ingest complexes, discharge granules	Macrophages activated by T cell cytokines
Tissue reaction	Vasodilatation, increased vessel permeability, edema, smooth muscle contraction	Cytolysis, tissue destruction	Acute necrosis	Variable, ranging from acute dermatitis to granulomatous responses
Time	Usually seconds to minutes	Hours	Minutes to hours (serum sickness starts at about 9 days)	Usually 24–48 h
Clinical examples	Anaphylaxis, angioedema, allergic rhinitis, conjunctivitis	Transfusion reactions, hemolytic disease of newborn,	Serum sickness, lupus erythematosus, Arthus reaction,	Allergic contact dermatitis, tuberculin reaction



Type I reaction skin tests

- **Prick test**

allergen in a drop of solution,
on forearm skin, pricked by a lancet

indications: urticaria
drug adverse reactions

allergens: foods, drugs, latex, airborne
allergens (HDM, pollen)

Prick test





Prick test

readings after:

10, 20, 30, (60) minutes



reaction: wheel/erythema in mm

example 5/10

Positive reaction: larger than negative control by more than 2mm +

5mm ++

10mm +++

Prick test





Type I reaction skin tests

- **Scratch test**

similar to prick test

forearm skin scratched, then a drop of allergen applied

nonspecific reactions may occur

risk of anaphylaxis higher

not recommended



Type I reaction skin tests

- **Intradermal test**

- 0,03-0,05 ml of a sterile solution injected into the uppermost dermis
- High risk of anaphylaxis
- Positive control: histamine or codeine solution
- Negative control: saline solution



Fig. 12.28 a–c. Prick testing. **a** A lancet is used to prick the skin though the test material. **b** Several erythematous urticarial positive reactions are seen. **c** An intradermal test is demonstrated

are interpreted cautiously with respect to the patient's disease.

Provocation Tests. Allergens can be introduced in many ways. Tests should be done where emergency help is available. Food allergens can be tested by



Laboratory tests

- **IgE (RIST,ELISA)**
 - normal under 100 IU/ml
 - high in atopic diseases
 - in parasitic diseases ,tu: Sezary Sy
- **Specific IgE (RAST,ELISA)**
 - against: aeroallergens
 - food
 - drugs
 - latex



Laboratory tests

- LTT - lymphocyte transformation test
detection under microscope or by the incorporation of radioactive thymidine
- MIF test – macrophage inhibition test
Ag/sT ly ---> MIF ---> inhibition of the migration of macrophages from capillary
- BDT basophile degranulation test
morphologic changes of basophils after the contact with allergen
- Trombocytopenic index



Exposition/elimination tests

- **Exposition tests**

urticaria, drug reactions

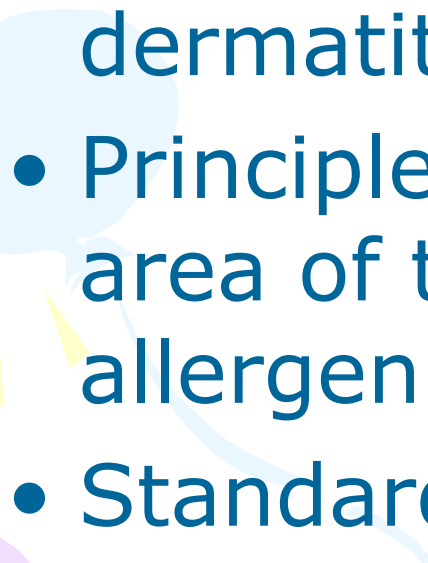

food allergies – DBPCFC

- **Elimination tests**

chronic urticaria – elimination diet



Patch tests

- Detection of a **IV. type allergy** reaction i.e. the cause of contact dermatitis
 - Principle: the exposition of a small area of the skin to the suspected allergen
 - Standardized concentration, amount, vehicle, time of exposition
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Indications of PT

- Suspected ACD
- Suspected contact urticaria
- Suspected occupational dermatitis
- Hand ,face,leg dermatitis
- Each endogenous dermatitis nonresponding to treatment
- Eczema in histology



Contraindications of PT

- Acute phase of dermatitis
 - Rashes in the tested area
 - Suntanned skin
 - Simultaneous immunosuppressive treatment
 - Toxic & poisonous substances
 - Extremely high or low pH
 - Relative KI: pregnancy
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Allergens

- Anorganic and organic compounds
- After repeated contact with the skin may elicit contact dermatitis
- Sensitisation potencial varies
- Time of sensitisation (5 days-years)
- European baseline series

The most common contact allergens in the population – now 30 allergens

• European Baseline Series

- | • Compound | Conc./Vehicle | |
|------------------------------------------------------|----------------------|------------------------|
| • 1. <u>Potassium dichromate</u> | 0.5 pet | |
| • 2. <u>4-Phenylenediamine</u> | 1.0 pet | |
| • 3. <u>Thiuram mix</u> | 1.0 pet | rubber products |
| • 4. <u>Neomycin sulfate</u> | 20.0 pet | |
| • 5. <u>Cobalt(II) chloride hexahydrate</u> | 1.0 pet | |
| • 6. <u>Caine mix</u> | 5.0 pet | |
| • 7. <u>Nickelsulfate hexahydrate</u> | 5.0 pet | |
| • 8. <u>Hydroxyethylmethacrylate</u> | 5.0 pet | |
| • 9. <u>Colophony</u> | 20.0 pet | adhesives, waxes |
| • 10. <u>Paraben mix</u> | 16.0 pet | |
| • 11. <u>N-Isopropyl-N-phenyl-4-phenylenediamine</u> | 0.1 pet | |
| • 12. <u>Wool alcohols</u> | 30.0 pet | |
| • 13. <u>Mercapto mix</u> | 2.0 pet | |
| • 14. <u>Epoxy resin</u> | 1.0 pet | plastics, glues |
| • 15. <u>Balsam Peru</u> | 25.0 pet | fragrances, flavorings |

• European Baseline Series

- 16. phenolformaldehyde resin 1.0 pet glues
- 17. 2-Mercaptobenzothiazole 2.0 pet rubber
- 18. Formaldehyde 1.0
- 19. Fragrance mix 8.0
- 20. Sesquiterpenelactone mix 0.1 pet plants
- 21. Qaternium 15 1.0 pet
- 22. Propolis
- 23. 5-Chloro-2-methyl-4-isothiazolin-3-one 0.01
- 24. Budesonide 0.01 pet
- 25. Tixocortol-21-pivalate 0.1 pet
- 26. Methyldibromoglutaronitrile (1,2-Dibromo-2,4-dicyanobutane)
- 27. Lyrar
- 28. Fragrance II mix
- 29. Methylisothiasolinone
- 30. textile dye mix



Special (additional) tests:

b) commercially available

occupational allergens :

Occupational series:

i.e. bakery , hairdressers ,cooling fluids ,
photographic chemicals ries,rubber additives
series

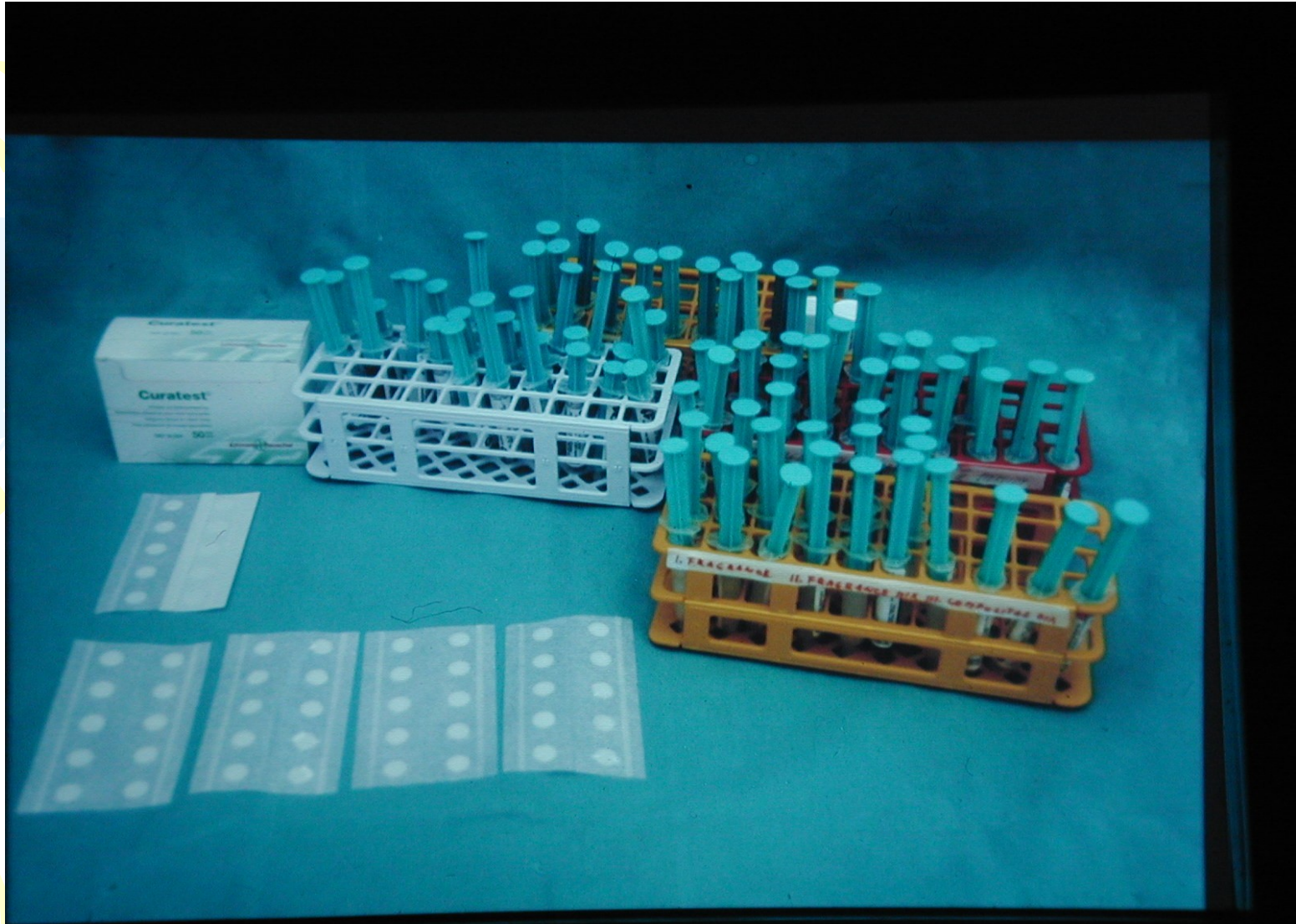
others: dental series,leg series,
shoe series,textile dyes

Special (additional) tests:

- According to the patient's history
 - a) individually prepared
proper concentration

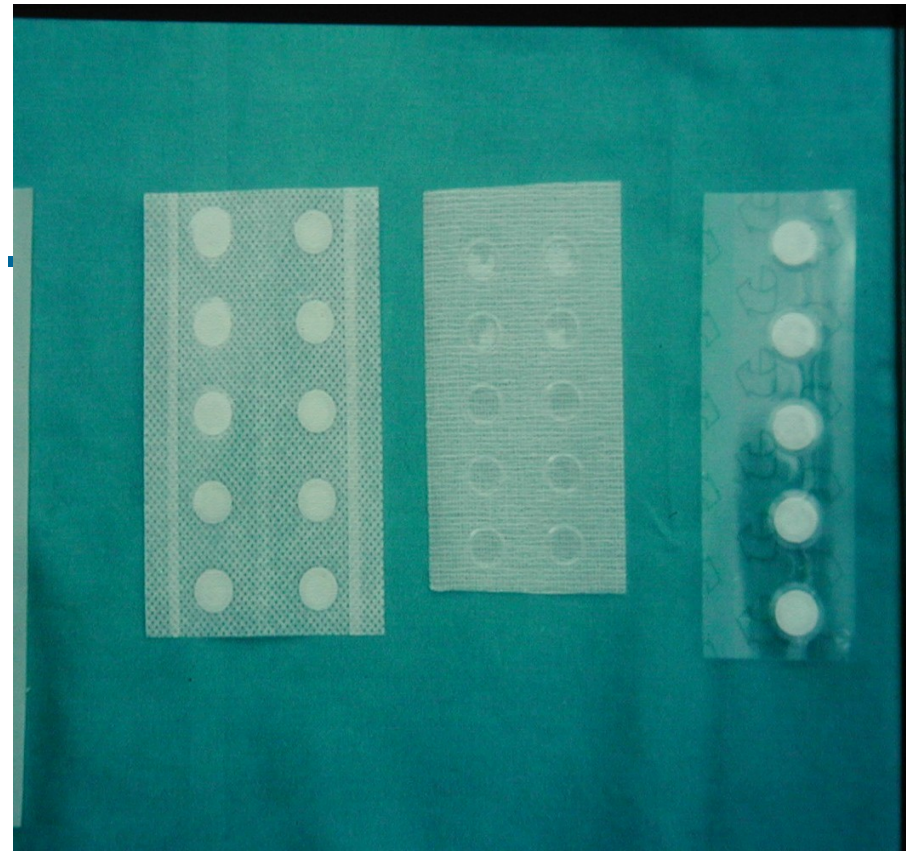


Syringes with allergens

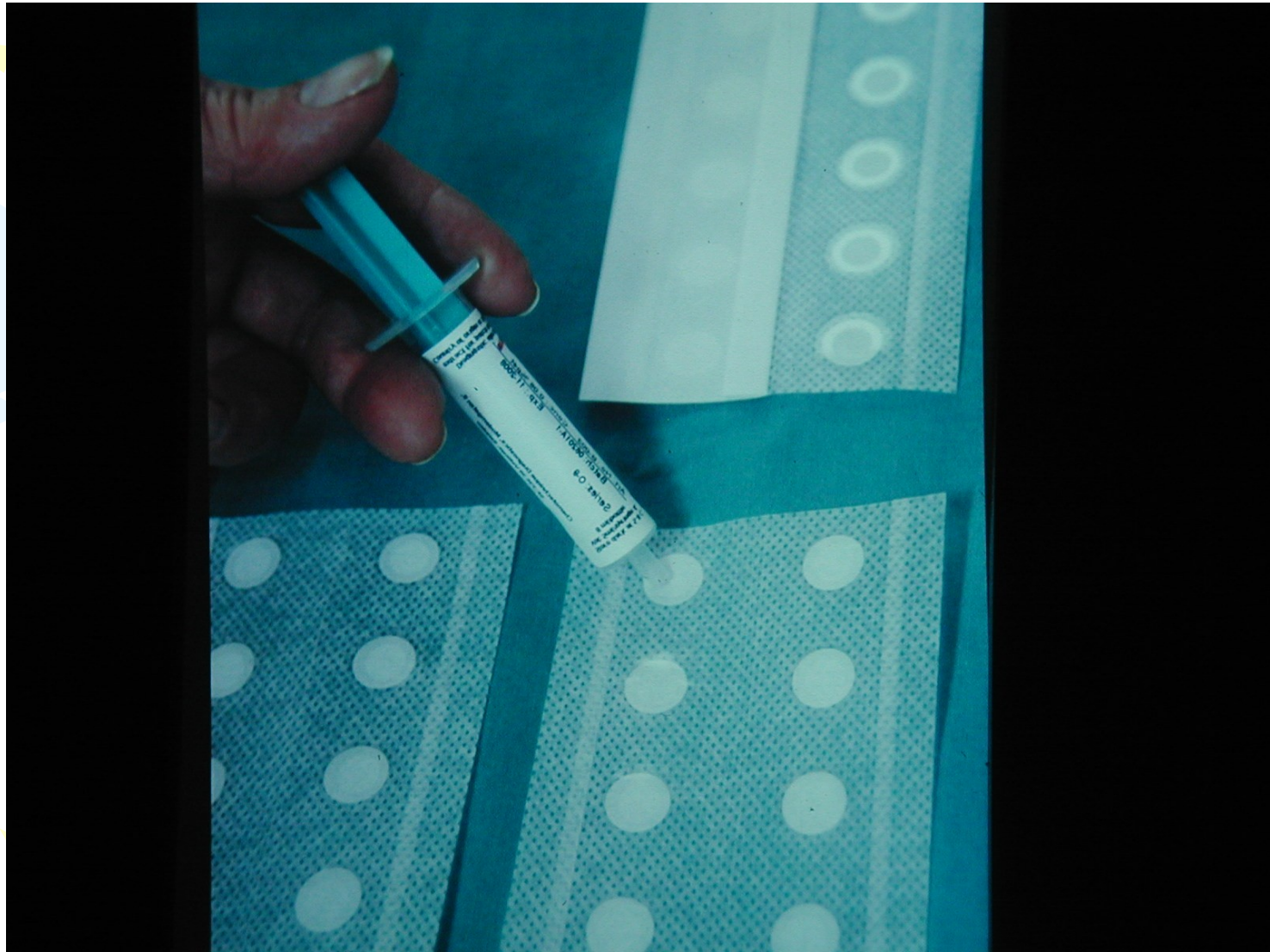


Types of patches

- round filter patches
- plastic chambers
- round aluminium chamb.
- gel (TRUE tests)



Placing the allergens on the patches



Ungreasing the skin with alcohol



Application of the tests

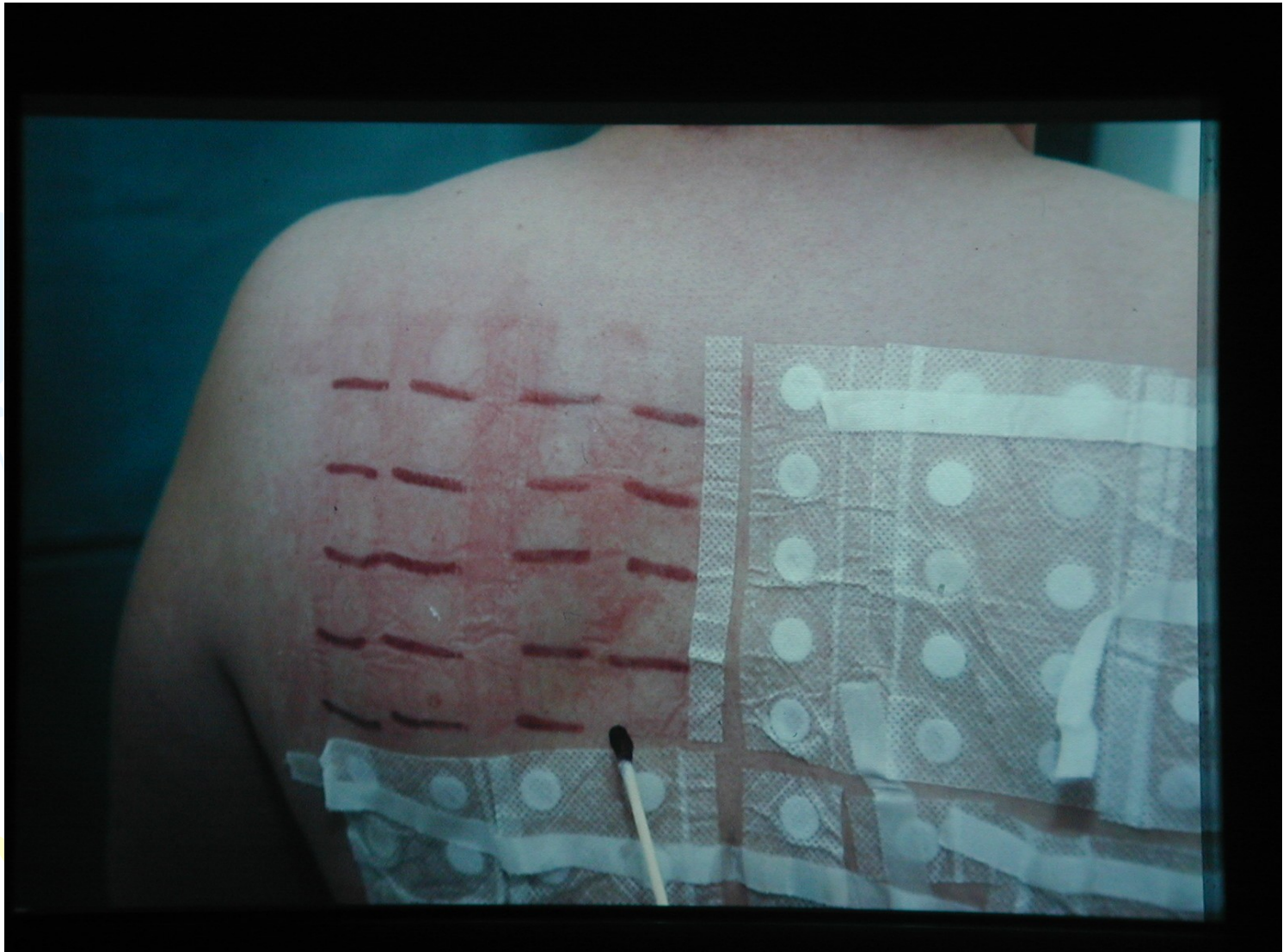


Fixing with adhesive tape





Removing & marking of the tests





Reading of the tests

- The dermatologist completes a **record form** at the second and third appointments (usually 48, 72 and 96 hour readings)
- The result for each test site is recorded.


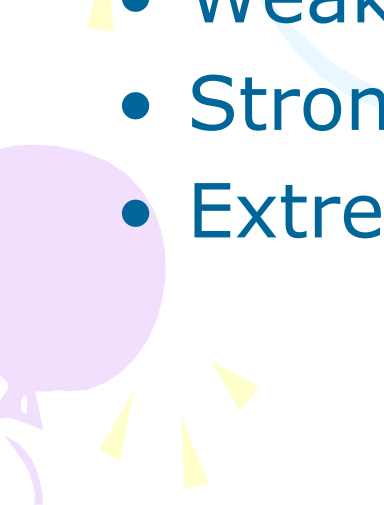
Reading of the tests





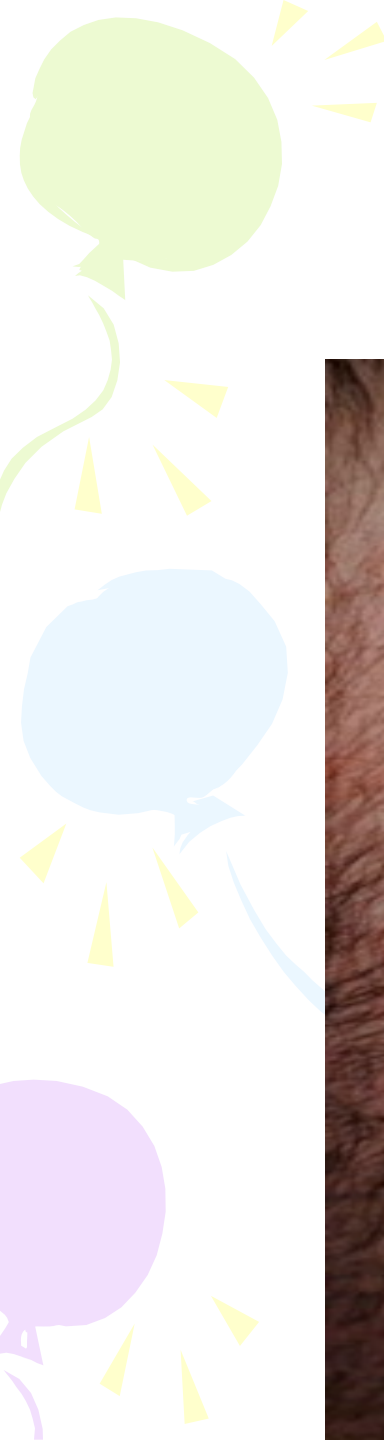
Reading of the tests

The system we use is as follows:

- Negative (-)
 - Irritant reaction (IR)
 - Equivocal / uncertain (+/-)
 - Weak positive (+) erythema only
 - Strong positive (++) papules
 - Extreme reaction (+++) papulovesicles
- 
- 

+ vs. ++ vs. +++ reaction





IPPD

FRAGRANCE

TEA BALSAM

PROPOLIS

TMD

Allergic vs. Irritant reaction

- **Allergic reaction** – papules, papulovesicles, extends beyond the borders of the patch
- itching
- Course of the reaction :
crescendo type
increasing reaction on consecutive days

Allergic reaction



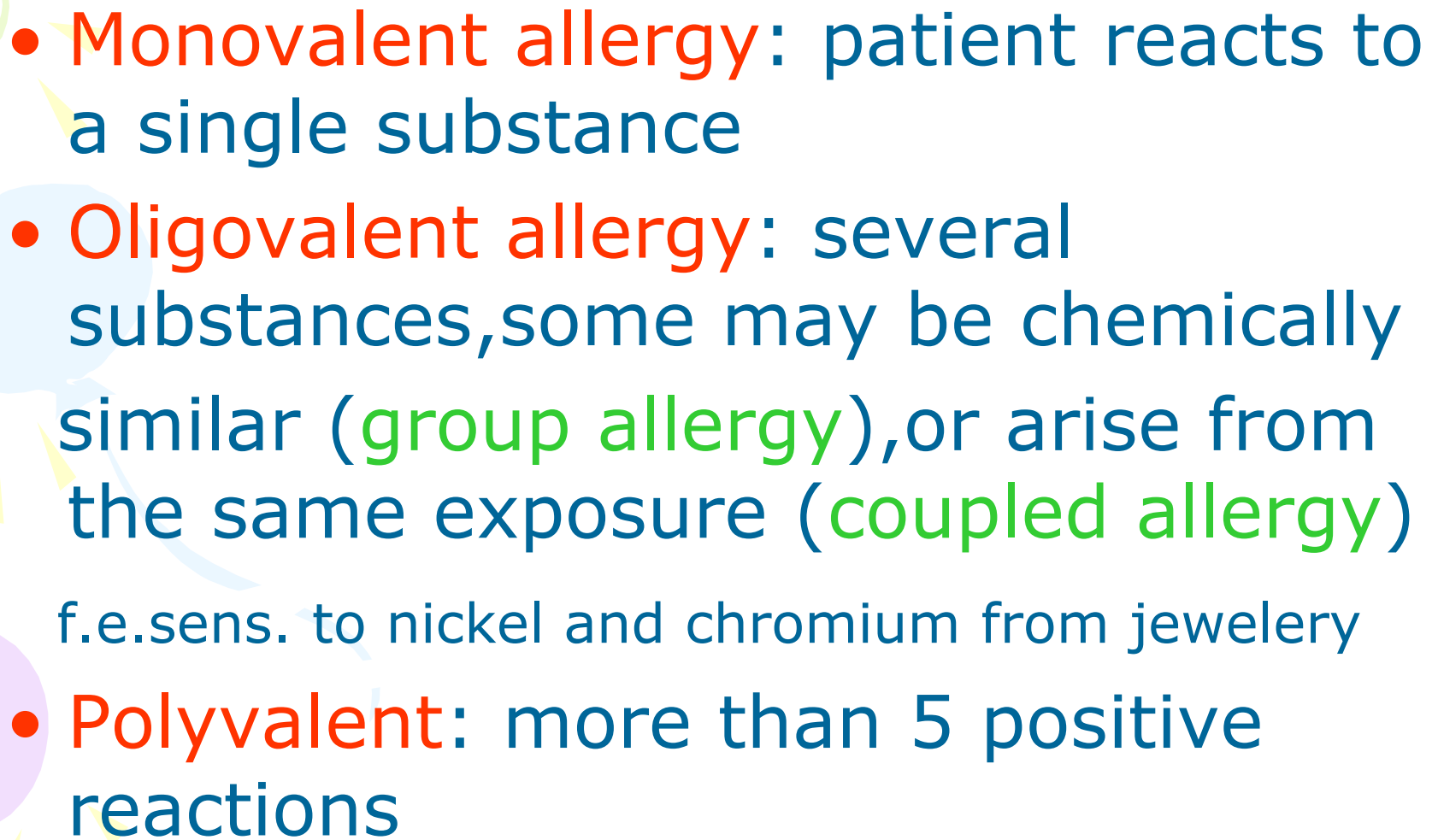


Allergic vs. Irritant reaction

- **Irritant reaction** – redness, blisters or ulcers, sharply demarcated
- Pain rather than itching
- Decrescendo type
- The interpretation of the results requires considerable experience and training.

Irritant/toxic reaction



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- **Monovalent allergy**: patient reacts to a single substance
 - **Oligovalent allergy**: several substances, some may be chemically similar (**group allergy**), or arise from the same exposure (**coupled allergy**)
f.e. sens. to nickel and chromium from jewelery
 - **Polyvalent**: more than 5 positive reactions



Complications of patch tests

- Extremely strong reaction
- Flare up reaction
- Angry back syndrome
- Persisting reaction
 - depo of allergen in the skin
- Sensitization by patch test

Angry back syndrome





6) Functional tests

- **Dermographism** after rubbing the skin

Red - vasodilatation

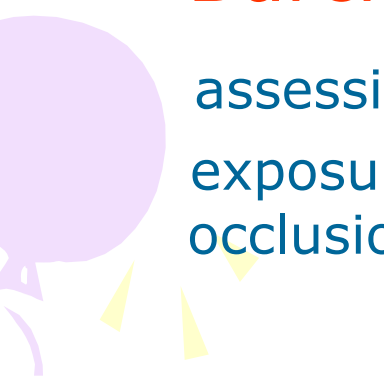
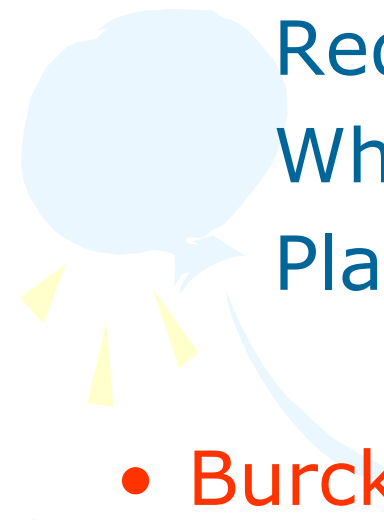
White – vasoconstriction-in atopics

Plastic – in factitial urticaria

- **Burckhardt test of alkali resistance**

assessing the barrier function of the skin

exposure of the skin to 0.5 M sodium hydroxide under occlusion for 10-20-30min until erythema appears



0.5 M sodium hydroxide



Application under occlusion



Positive Burckhardt test

