

## DIFFERENTIAL DIAGNOSIS – DOUBTFUL OR MINIMAL REACTIONS

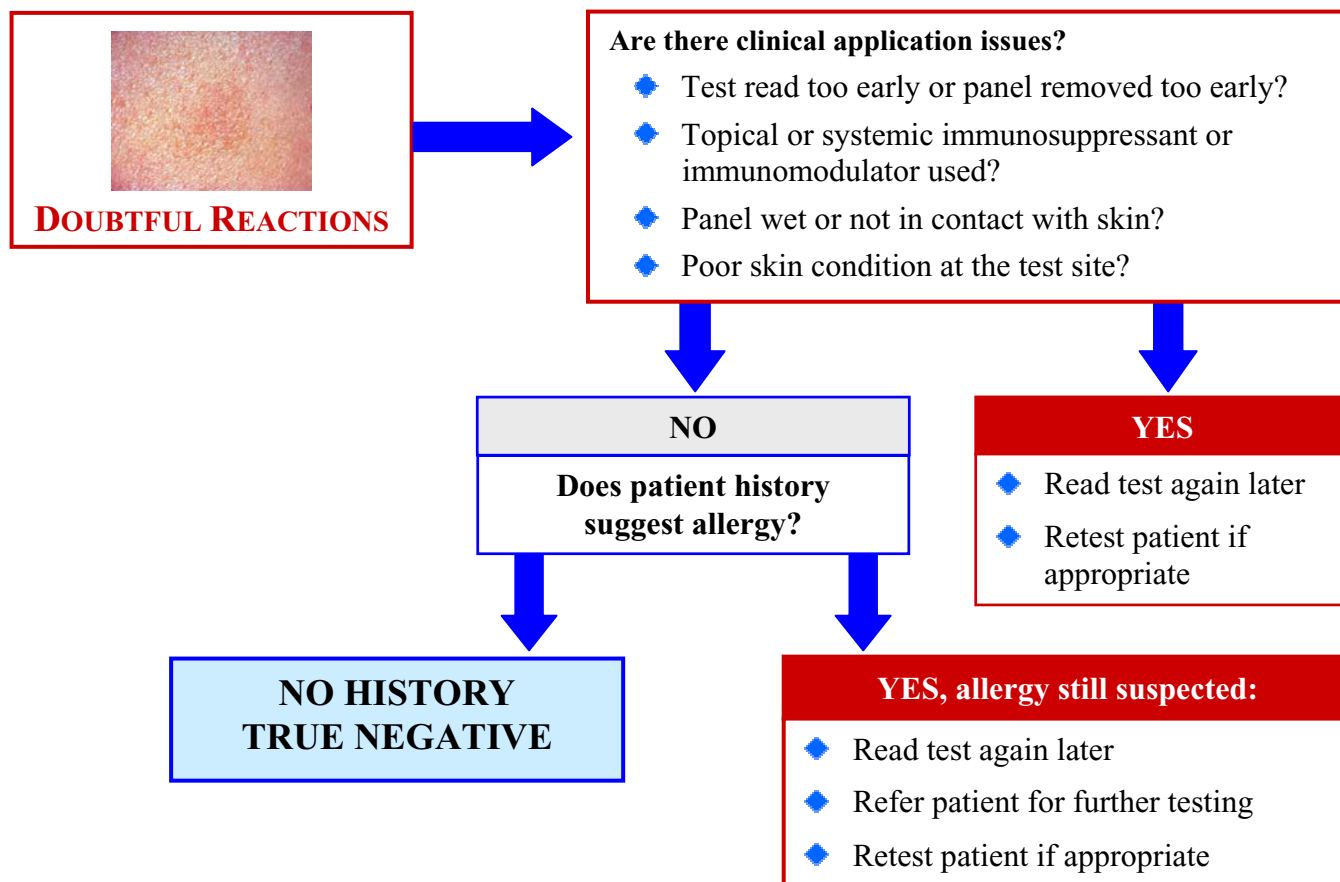
Doubtful or minimal reactions are often characterized as faintly macular, with homogenous erythema and no infiltration. To assess whether patch test conditions or technique influenced the results, consider:

- The timing or number of readings (too early and without another reading?)
- Loss of skin contact
- Possible interference by immunosuppressive agents
- Potentially hyperirritable skin

When unsupported by patient symptoms or history, most doubtful reactions should be regarded as negative. However, physicians may consider retesting the patient depending on patient history, symptoms and testing conditions. Retesting may be of greater value when patch test application or care is suspect and reactions could be clinically relevant. Remember that the safety and efficacy of repetitive testing are unknown, and that the benefit of repeat testing should be weighed against the possible risk of sensitization and false positives.

If patients undergo a second series of patch tests immediately, select a new test site for T.R.U.E. TEST application. Alternatively, the same site may be retested after a 3-week clearing period, provided the site remains free of significant scarring, skin disease, tanning or other conditions that might effect test results.

## DIAGNOSTIC PATH FOR DOUBTFUL OR MINIMAL REACTIONS






## DIFFERENTIAL DIAGNOSIS – IRRITANT REACTIONS

Strong irritant reactions are not expected with the concentration of allergens used in T.R.U.E.TEST. Mild irritant reactions can be difficult to distinguish from doubtful or weak positive reactions. Remember that patient health, sweating, and humidity can also affect reaction strength and appearance.



As described in the table below, irritant reactions are characterized by pustules and erythema that is patchy, follicular or homogeneous with no infiltration. In contrast, true positive reactions are characterized by reactions that are papular, vesicular and erythematous with infiltration.

### Differentiating Allergic and Irritant Reactions:

Characteristic	Allergic reactions	Irritant reactions
<i>Timing</i>	Tend to persist or increase from day 2 to day 4; may only appear after day 2	Tend to be maximal on day 2 and fade on removal of patch
<i>Outline</i>	Tend to spread	Often sharply delineated
<i>Lesion</i>	Usually erythematous, palpable and eczematous; infiltration or edema present; may be papular, vesicular or coalescing into bullous reactions	May show discrete, patchy or homogenous erythema without infiltration; may be petechial, follicular or pustular
<i>Skin Reaction</i>	<div style="display: flex; justify-content: space-around; align-items: center;">   </div>	<div style="text-align: center;">  </div>