

## LETTERS TO THE EDITOR

# Use of Transparencies to Read Patch Tests

Y. Peñate, N. Guillermo, P. Melwani, and L. Borrego

Servicio de Dermatología, Hospital Universitario Insular de Gran Canaria, Las Palmas de Gran Canaria, Spain

### *To the Editor:*

Patch tests are required for the adequate diagnosis and management of allergic contact dermatitis. These are perfectly standardized tests where patches are applied to the skin of a patient for 48 hours, with an initial reading immediately following their removal and a second reading 48 or 72 hours after the first. A delayed reading is recommended for certain allergens, varying between 72 hours and 5 days after removal of the patches. When the patches are removed, it is normal practice for marks to be made on the back of the patient with a marker pen in order to identify any positive results from the first reading. In order to prevent these marks being erased, the patient must reduce sweating as far as possible and avoid wetting the area where the patch was applied. Any recommendation that the patient redraw the marks themselves may ruin the results of the test.

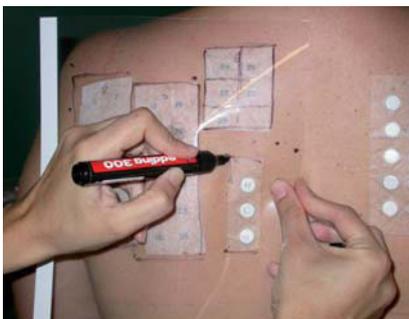
Our group has adopted the use of methacrylate sheets placed over the patch test area, as proposal by Le Coz et al.<sup>2</sup> Routine use of this method has contributed to a great improvement in the well-being of our patients.

The technique consists of tracing the location of patch tests on the back of patients onto a methacrylate transparency (Figure 1). We use as many A4 methacrylate transparencies as are necessary to cover all the patches, and a marker pen to write on these. Immediately after the patches are removed, transparencies are applied to the skin surface. These are marked with appropriate reference points, the location of allergen patch sites, and any immediate positive reactions at the first reading (Figure 2). The transparencies are filed under the name of the patient, and this is repositioned at the second reading—using the marked reference points—in order to determine the appearance of new positive reactions.

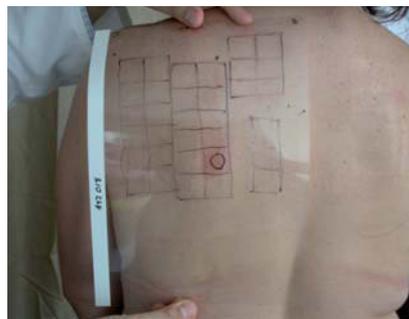
The patient must have clear points of reference on their back in order for the transparency to be correctly repositioned later. These points must be stable skin lesions (naevi, freckles, angiomas, tattoos, etc) and, although marking 2 points would be geometrically sufficient, we prefer to use at least 3 reference points, as widely spaced as possible. This technique can only be used effectively where there is good coordination between staff removing the tests and marking the transparencies, and the doctor making the readings. When necessary, we use several sheets per patient, preferring to overlap the transparencies rather than joining sheets together to cover the back of the patient. The location of the patches must be drawn with the patient standing totally upright with a relaxed back. The patient should remove all upper body clothing and underwear, and they should be asked to unfasten their belt if the lower back area is involved. If the reference lesions are large, the outline of these can be traced in order to position the transparency better.

The main advantage of this technique is that the patient can continue with normal life, washing their back and returning to work the day the patches are removed. Meanwhile, the transparencies can be filed for later readings. These may also be recycled—the marks can be removed with acetone—and we avoid any potential exceptional allergic skin reactions to the ink from the marker pen.<sup>3</sup>

We describe a method that is easy to apply, comfortable for the patient and durable, that could also be applied in cases of contact eczema.



**Figure 1.** Tracing patch tests from the back of the patient onto the transparency with a marker pen. Note the reference points.



**Figure 2.** Repositioning the transparency on the back of the patient 48 hours later through use of the reference points. Note the positive result marked for the final reading.

## Acknowledgments

To Milagros Cabrera García and Milagrosa López Benítez, nurses in the Servicio de Dermatología del Hospital Universitario Insular de Gran Canaria, Spain, for their invaluable help in establishing this technique within our Service. It would not have been possible without them.

## References

1. Rietschel RL, Fowler JF. The role of patch testing. Fisher's Contact Dermatitis. 4th ed. Baltimore (USA): Lippincott Williams & Wilkins; 1995. p. 11-32.
2. Le Coz C, Muller B, Donnay C. Marking patch test sites: description of a practical, clean, durable and inexpensive method. Contact Dermatitis. 2004;49: 284-6.
3. Hagdrup H, Egsgaard H, Carlsen L, Andersen KE. Contact allergy to 2-hydroxy-5-tert-butyl benzylalcohol and 2,6-bis(hydroxymethyl)-4-tert-butylphenol, components of a phenolic resin used in marking pens. Contact Dermatitis. 1994;31:154-6.

# The Legacy of José Eugenio Olavide in the United States

N.M. Curcio,<sup>a</sup> F. Heras,<sup>b</sup> and L. Conde-Salazar Gómez<sup>b</sup>

<sup>a</sup>Division of Dermatology, Department of Medicine, Vanderbilt University Medical Center, Nashville, TN, USA

<sup>b</sup>Servicio de Dermatología Laboral, Escuela Nacional de Medicina del Trabajo, Instituto de Salud Carlos III, Madrid, Spain

To the Editor:

After doing extensive research on Alibert and the Hôpital Saint Louis in Paris, I thought I knew a great deal of the history of French dermatology, but the neighboring tradition of Spanish dermatology, so much influenced by it, was completely unknown to me.

When I typed the words "Spanish dermatology" and "father of Spanish dermatology" into a variety of Internet search engines, José Eugenio Olavide and the Olavide Museum came up. I was intrigued, and contacted Drs. Conde-Salazar and Heras to request more information about Spanish dermatology in the late 19th and early 20th centuries. I also made 2 trips to Spain to collect information and to see the wax figures Olavide had commissioned.

Don José Eugenio Olavide is known as the father of dermatology in Spain. He was born in Madrid on September 6, 1836, and died on March 2, 1901. He graduated with a degree in medicine and surgery in June 1859. After completing his studies, he went to Paris to work with 2 surgeons, Velpeau and Maisonneuve, and also attended the grand rounds presentations of the famous dermatologists of the time at the Hôpital Saint-Louis, among them Bazin and Hardy. After spending 2 years in Paris, he returned to Madrid in 1861 to take up a position as a staff physician in the Hospital San Juan de Dios in Madrid.<sup>1-6</sup>

There he introduced numerous innovations. One of the most interesting of these occurred in 1864, when he and his colleagues established grand rounds presentations.<sup>1</sup> Between 1871 and 1881, Olavide published his most important work, *Dermatología general y atlas de la clínica iconográfica de enfermedades de la piel o dermatosis (General Dermatology and Atlas of Clinical Illustrations of Skin*

*Diseases or Dermatoses*). The atlas contained 168 large plates complete with explanations, and the list of illustrations contained 9 figures. This work was comparable to that of Alibert in France (1806). Until 1896 he continued to publish other works including books, manuals, and numerous medical articles. Olavide was the driving force behind the creation of

**Table 1.** World Cat and Index Cat book search

<i>Olavide as first author</i>	Dermatología general y clínica iconográfica de enfermedades de la piel o dermatosis <sup>a</sup> (General Dermatology and Atlas of Clinical Illustrations of Skin Diseases or Dermatoses). 1871 (2 volumes: the book and illustrated atlas) (E)
	De la sarna y su tratamiento (On Scabies and Its Treatment). 1874 (E)
	Aforismos de dermatología práctica <sup>b</sup> (Aphorisms of Practical Dermatology). 1880 (E)
	Lecciones sobre las dermatosis herpéticas (Lectures on Herpetic Dermatoses). 1881 (E)
	De las enfermedades cutáneas producidas por vegetales parásitos (Skin Diseases Caused by Fungal Parasites). 1878 (NE)
	Leçons professées à l'Hôpital de St. Jean-de-Dieu de Madrid. Du rhumatisme et des dermatoses rhumatismales (Lectures delivered at the Hospital San Juan de Dios, Madrid. On Rheumatism and Rheumatic Dermatoses). 1888 (NE)
<i>Prologue by Olavide</i>	Lecciones clínicas sobre las enfermedades de la piel, dadas en el Hospital de San Luis, de Paris (Clinical Lectures on Skin Diseases Delivered in the Hôpital St. Louis, Paris). 1878 (by Eugène Guibout) (E)
<i>Olavide as subject of book</i>	Un maestro de la dermatología española, José Eugenio Olavide (José Eugenio Olavide: A Leading Figure in Spanish Dermatology). 1996 (by Joaquín Calap)

<sup>a</sup>There is a second copy at the University of Oxford, Oxford, United Kingdom

<sup>b</sup>There is a second copy at the Countway Library, Harvard Medical School, Boston, Massachusetts, USA.; (E) books of which there is also a copy in the National Library of Medicine (NLM) in Bethesda, Maryland, USA.; (NE) books of which there are no other copies.