UNDER MY SKIN

The Exploding Squid and Other Tales

There was a comic when I was a kid called "The Strange World of Mr. Mum." Each strip featured an impassive gent in a small fedora who looked on, mum, at the odd things that always seemed to be going on as he passed by, like two masked crooks robbing each other at the same time.

BY ALAN ROCKOFF, M.D.

Now and then things happen in my office that make me feel like Mr. Mum. I share them here without comment.

► Tim, a 30ish architect with sandy hair, had petechiae around his eyes. I asked him whether he had been coughing very hard or straining at stool. Negative.

I mentally ran through other possibilities. Let's see, too old to be a baby born with a cord around his neck. … Tim broke into my reverie.

"Doctor, could walking on my hands across the office have anything to do with this?"

"Well, yes, Tim. Would I be out of line to ask why you walk across your office on your hands?"

"Oh, I just do it sometimes."

► Lynn flashed me a conspiratorial look. "Could your student leave the room?"

"Of course." I shooed the kid out, wondering what private matter she had to discuss.

"I'm thinking of getting plastic surgery," she said. "Tell me, who did your face?"

"What?!"

"No, really, just between us, I won't tell anybody. Who did your face?"

I managed to regain enough composure to say that I guessed I was flattered, but nobody did my face. She looked skeptical.

I didn't share this interchange with my student, who wouldn't have believed it anyway.

► At a local medical conference, the guest speaker was giving us a heads-up on ICD-10. "It's going to be a lot more detailed than ICD-9," she explained, adding that ICD-10 is slated to become mandatory in October 2013. (I heard some murmurs that October 2013 might be a good date to retire.)

The speaker flashed several examples of new ICD-10 codes on the screen. "For instance," she said, "this is the code for a benign lesion of the left eyelid. And this [next slide] is the code for a benign lesion of the right eyelid."

A doctor raised his hand. "What difference does it make which lid it's on?" he asked.

Some people just don't get it.

► My heart sank when I entered the exam room and saw a young woman with grotesquely enlarged, hollowed-out earlobes that literally hung to her shoulders. What could she possibly want me to do with them?

Sue was quite pleasant. "See, this is how I make them bigger," she said. "I make a cut at the top, and then put in a larger and larger coin to make the hole bigger until the skin heals around it. Now the earlobes are as big as I want them." Well, yes.

"But here's my problem." Sue pointed to a slight protrusion of tissue at the cavity's upper pole, at 12 o'clock. In other words, her problem was not the huge hole—the hole is what she wanted—but the scar at the top that impinged on the cavity and marred its perfection.

"In that case," I said, "I can help you. I'll inject some cortisone into the bump and flatten it."

"Fantastic!" she exclaimed. I gave her the shot and asked what her career plans were.

"Social work," she explained.

► Bob, in for a skin check, had a healing scab on his forehead. "Looks like you ran into a pipe and didn't duck fast enough," I suggested.

"Not exactly," said Bob. "I was making squid and shrimp pasta in the microwave. When all the pieces got nice and plump, I decided to test whether they were done, so I stuck a fork into one of the squid, and it exploded. Guess I was lucky it didn't get my eye."

Microwave-induced exploding cats are said to be urban legends, but now you know, gentle readers, that exploding squid have been sighted. So don't forget to ask about them when you take your histories, as well as about whether your patients walk on their hands across their offices (or stand on their heads doing yoga).

I'll take my fedora off, for now. ■

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POINT/COUNTERPOINT

Is there a role for atopy patch testing?

Food patch test is reproducible, safe, and specific.

My stance is that there *is* a place for atopy patch testing for food allergy in your practice, for a number of reasons.

First, there is a clinical need for this test: We do not have any other test for non–IgE-mediated food allergies, such as food protein–induced enterocolitis, eosinophilic esophagitis, and potentially atopic dermatitis.

BY JONATHAN M. SPERGEL, M.D., PH.D.

Second, the test is well standardized with respect to how reagents are applied, the time until results are read, and the method of reading. In fact, standardization in these respects is better than that for skin prick testing.

One problem with atopy patch tests—I will concede—is that we don't have standardized reagents, but this is also somewhat of an issue for skin prick tests.

Third, atopy patch testing is highly reproducible, with a reproducibility rate of 94% when it is performed on the back (Acta. Derm. Venereol. 2005;85:147-51). The reproducibility rate is lower, at 69%, when the test is performed on the arms.

Fourth, testing is safe. One study among 503 children given atopy patch tests found that 2.2% experienced contact dermatitis and itching, 1.1% had a reaction to the adhesive tape, and 0.2%—a single child—had a wheezing episode (Clin. Pediatrics 2008;47:602-3).

Fifth, atopy patch testing has good diagnostic performance. If we compare it with skin prick testing for the diagnosis of IgE-mediated food allergies to milk, eggs, wheat, and peanuts, it is more specific, although somewhat less sensitive.

Positive and negative predictive values also favor the atopy patch test in children with eosinophilic esophagitis (J. Allergy Clin. Immunol. 2007;119:509-11).

Finally, both the American College of Allergy, Asthma, and Immunology (ACAAI) and the European Academy of Allergy and Clinical Immunology (EAACI) have recognized a role for atopy patch testing as an adjunctive tool in the diagnosis of food allergy.

So academies from both sides of the ocean agree—atopy patch testing has a place in your practice. ■

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The food patch test seldom adds information.

We already have several tests that can be used for the diagnosis of food allergy: skin prick tests, serum food-specific IgE levels, and an oral food challenge. So we have to ask if atopy patch testing adds anything.

There are two main scenarios in which physicians may consider using patch testing.

BY AMAL H. ASSA'AD, M.D.

In one scenario, a patient with suspected food allergy has a positive skin prick test result and a positive serum IgE level for the food. The question here is whether the patient is clinically intolerant of the food.

Among children with food-specific IgE, patch testing misses two-thirds of those who are clinically intolerant to the food in an oral challenge (J. Allergy Clin. Immunol. 2006;118:923-9). And adding these results to the results of skin prick testing and food-specific IgE allows only 0.5%-7% of children to forgo an oral food challenge.

In another scenario, a patient has symptoms or a syndrome (such as gastrointestinal symptoms or atopic dermatitis), but has negative skin prick test results and a negative serum IgE level. The question here is whether the food is causing the symptoms or syndrome.

In a study among children and adults with atopic dermatitis in remission who had negative skin prick tests and negative serum food-specific IgE, only 17% had a positive atopy patch test for the respective food (Allergy 2004;59:1318-25).

At the same time, 4%-11% of unselected children in the general population have positive food patch test results (Pediatr. Allergy Immunol. 2008;19:599-604).

Interpretation of atopy patch tests is not always straightforward. Some patients develop the angry back syndrome, which may be mistakenly called a positive result. And 8% of patients overall experience some type of adverse effect (Allergy 2006;61:1377-84).

Finally, the previously mentioned professional organizations recommend use of atopy patch testing for foods in selected cases.

In sum, atopy patch testing has not yet gained a place in the diagnosis of food allergy. It is not superior to skin prick tests or food-specific IgE, and it does not replace a properly indicated and performed oral food challenge. ■

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