

# HOW RELIABLE IS PATCH TESTING? APPLICABILITY IN REAL-LIFE PRACTICE FOR THE DIAGNOSIS OF ALLERGIC REACTIONS

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#### **BACKGROUND AND IMPORTANCE**

Patients are frequently mislabeled as antimicrobial-allergic without proper diagnosis, leading to individual and global public health risks.

Diagnostic tests

Intradermal tests (IDT)

Prick tests

Patch tests (PT)

Drug provocation tests (DPT)

Gold standard test



RESULTS

32 patients with suspected adverse ••• reaction to antimicrobial > 62,5% exanthematous reactions 49 PT kits prepared Beta-lactam group (22,2%) Clindamycin (17,8%) 91,8% antibiotics Sulfamethoxazole/trimethoprim (13,3%) Others (46,7%)

## **AIM AND OBJECTIVES**

#### Of the 49 drugs tested

**Compare the PT results with the final diagnosis** established by

the allergist through clinical assessment and additional tests.

# **MATERIALS AND METHODS**







Retrospective

Tertiary-level hospital

October 2020 – September 2024



Patients who were dispensed at least one antimicrobial patch test kit

Data were collected from:

8 positive in DPT + 2 positive in skin test

Positivity rate: 20,41%

14 additional drugs  $\rightarrow$  unconfirmed allergies (negative in skin tests and DPT)



Diagnostic performance of patch test: **PPV: 100% NPV: 40%** 

Electronic health record (EHR)

Pharmacy dispensing program

### **CONCLUSION AND RELEVANCE**

> PT are an appropriate diagnostic tool for type IV hypersensitivity-related reactions, given their 100% PPV Limited value of negative results

Enhancing the reliability of negative results can reduce dependence on DPT, improving patient safety