Correspondence

distinct plateau formation of the inspiratory curve. This typical 'cut-off' shape of the tracing is not evident in the figures of Smith and Cooper. Consequently, effort-dependent artefacts could have contributed to the results of this investigation.

References


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Reproducibility of skin prick reactivity in cystic fibrosis

Sir,

Holzer et al.1 reported considerable variation in responses to allergen skin testing over a few months in a small group of children with cystic fibrosis (CF). However, we found only minor fluctuations in the skin test reactions of 62 patients with CF. These children and adolescents attended our laboratory on at least two occasions for allergen skin prick tests.2 The average time between the first and last study was 19 months (range 3-26), while the mean age of the group when last tested was 10.7 years (range 4.1 to 18.8). We defined atopy as a weal of 3 mm diameter greater than a negative control to one of 5 allergens.

Thirty-seven children remained non-atopic, and 15 remained atopic, thus, 52 (84%) out of 62 CF patients had reproducible results. Furthermore, 8 of the 10 subjects who showed varying responses became atopic, which is in keeping with the increase in prevalence of skin test reactivity during childhood. It is important to note that half of the children who converted to atopic by our criteria had at least one allergen weal of 2 mm or greater when first tested and one of those who reverted to non-atopic still had 2 allergen weals of 2.5 mm.

Our data do not support Holzer et al.1 since we found that atopy, as defined by skin prick reactivity, was reproducible in the majority of our patients.

References


Richard Henry, Raymond South, Jane Simpson, and Craig Mellis
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Mr Holzer and co-workers comment:

From the data it is obvious that there is little difference between our figures and those of Henry et al. Fifty-two (84%) out of 62 of their subjects had reproducible results (consistently positive or consistently negative) while 10 (16%) were variable. Our figures of 19 (76%) out of 25 patients with reproducible results and 6 (24%) with variable results were not significantly different from theirs ($X^2 = 0.30$).

It is interesting that 48% of our patients were consistently positive while only 24% of their patients were always positive. Part of this difference may be explained by the consistently positive reactions to Aspergillus fumigatus in children with more severe lung disease in our group. Henry et al. do not comment on the clinical spectrum of their patients. The important message from both studies is that there is a group of children with cystic fibrosis who show variable results to allergen skin testing and that to define atopy on the basis of tests done on one occasion can be misleading.