in various substances of daily use (including foods containing nickel) which could cause occult sensitivity in many individuals. These substances may have caused occult sensitivity in some of these patients of chronic urticaria as well in this study which were picked up on patch test. The study lacks comparison with age-matched healthy controls from the same population which could have given patch test outcomes in that healthy population. Also, the other potential causes of chronic urticaria like food, aero-allergens, auto-antibodies etc. were not looked for, investigated, and ruled out. Neither there are details of how common allergen like nickel which is so ubiquitous, was avoided which caused remission in majority of his patch test positive patients. The possibility of spontaneous remission in some of these patients cannot be ruled out with certainty. There is no mention of controlled challenge/provocation test (possibly not done) which is important for confirmation. Statistical analysis of data is also lacking to determine the statistical significance of the study results. There is no doubt that patch test is a safe, simple, and inexpensive test, however, its usefulness in etiological diagnosis of chronic urticaria seems to be of limited value so far.

Kaushal K. Verma
Department of Dermatology and Venereology, All India Institute of Medical Sciences, New Delhi, India

Address for correspondence: Kaushal K. Verma, Advisor Government of India, B. P. Koirala Institute of Health Sciences, Dharan, Nepal. E-mail: prokverma@hotmail.com

REFERENCES

Authors' reply

Sir,
I thank Dr. Verma for his keen interest in my report and his valid comments. However, I would like to clarify some of the points:
1. The aim of this study was to see the role and relevance of patch testing in the etiological diagnoses of chronic urticaria, not to highlight the merits/demerits of ASST and other skin allergy tests; this article is very much clear on this point.
2. Table 1 has clearly mentioned the duration of chronic urticaria in all those 11 patients.
3. The scoring system you have mentioned is mostly suitable for hospital-based study where you can have sufficient time to monitor the patient's physical condition. In clinic-based study where you meet your patient for a short period of time, this type of scoring systems is difficult to use because a patient may/may not have attack of urticaria at the time of visiting the clinician. As mentioned in my article, my study was clinic based; moreover, my study included people from different strata—highly educated chemical engineer to illiterate cobbler. To avoid respondent's bias, I had to use the old, simple clinical method to assess the severity of itching: none—no itching; mild—itching that does not disturb night sleep; moderate—itching that disturbs night sleep more than occasionally but not continuously; severe—itching that disturbs night sleep continuously. I would like to inform you that 9 patients had moderate itching while the remaining 2 had severe itching in the study.

A. D. Sharma
Consultant Dermatologist Bongaigaon, Assam, India

Address for correspondence: Dr. Ashimav Deb Sharma, MM Singha Road, Bongaigaon, Assam - 783 380 India.