Allergen Skin Prick Test Should Be Adjusted by the Histamine Reactivity

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Key Words
Allergen · Histamine dihydrochloride · Skin prick test · Biological activity

Abstract

Background: Skin prick test results are mostly reported as mean wheal diameter obtained with one concentration of allergen. Differences in technique between personnel causes variation in wheal size. The research question was whether the influence of differences in skin prick test technique among assistants and centers can be reduced by relating the allergen wheal response to that of histamine. Methods: Two methods for estimating skin reactivity, the method of Nordic Guidelines using histamine as a reference and the method of Brighton et al. [Clin Allergy 1979; 9:591–596] not using histamine as a reference, were applied to data from two biological standardization trials, using the same batch of freeze-dried timothy pollen preparation. Results: The concentration defining the Nordic biological unit, defined as a concentration of allergen eliciting a wheal of the same size as that of histamine dihydrochloride 10 mg/ml, did not differ between the centers. When not using histamine as a reference, applying the method of Brighton et al., there was a 15-fold difference in the estimate of the biological activity between the trials that was eliminated by adjusting the allergen response to that of the histamine reference. Conclusions: To reduce the influence of differences in test technique among assistants and centers responses to allergen-induced skin prick tests should be compared to that of histamine.

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Trial Registration: The original trials were performed before registration was possible.
bronchial challenge test. The skin reactivity varies between individuals and depends on the degree of allergy.

To test the question whether relating the allergen response to the histamine response is needed or not, data from two previously published trials on biological standardization [4], using the same freeze-dried timothy pollen allergen extract, were evaluated by either using histamine HCl 1 mg/ml as a reference [3, 4] or not [8].

Methods

Patients

Totally 39 patients, 15–50 years of age, were included in two trials, one in Uppsala, Sweden, and the other in Berlin, Germany, estimating the biological activity of the freeze-dried in-house reference timothy extract from Pharmacia Diagnostics (Uppsala, Sweden) [4]. Inclusion criteria were a history of grass pollinosis and positive skin prick test and timothy-specific IgE, a wheal ≥ 4 mm in diameter using histamine HCl 1 mg/ml, no previous immunotherapy with grass allergen or cross-reacting allergens, living in an environment where grass was an adequate problem, and not taking antiallergic drugs influencing the test results [9]. Twenty-three of 31 patients in Berlin, Germany, and 8/8 in Uppsala, Sweden, fulfilled these criteria. Patients were included consecutively among patients referred to one or the other specialized allergy unit, i.e. the Department of Respiratory Medicine, Academic Hospital, Uppsala, Sweden or the Allergology Department of the Charité, Berlin, Germany [4]. The protocol was approved by the local ethics committees and all patients signed an informed consent.

Timothy Pollen Allergen Extracts

The same batch of partly purified, freeze-dried timothy allergen extract (Pharmacia, batch DI 6359) [4], 59% protein by amino acid analysis [10], was used in both centers. Reconstitution with Albumin® diluent (0.03% human serum albumin, 0.4% phenol in saline, Pharmacia) was done on the day of testing.

Skin Prick Test Procedure

The skin prick test was performed according to Pepys [11], and the principles of the EAACI position paper were applied [6].

Methods for Estimation of the Biological Activity of the Extract

The method of Brighton et al. [8], estimating the concentration of allergen causing a 75-mm² wheal area, and that described by Dreborg and Grimmer [3], estimating the concentration eliciting a wheal of the same size as that induced by histamine HCl 1 mg/ml in the individual patient (C_h1) was calculated according to the model best fitted to the dose response of allergen, i.e. log D = a + b log (concentration) [12, 13]. The mean of the C_h1 concentrations defined the unit (fig. 1c). Thus, C_h1 was determined for each patient and the mean C_h determined the unit.

Results

Data were accepted from 23 patients in Berlin and from 8 patients in Uppsala. The histamine wheal sizes were significantly larger (p < 0.05) in Uppsala than in Berlin. The same basic data, i.e. the sizes of skin prick wheals, were used for evaluation using both methods.

As measured by the method of Brighton et al. [8], without adjustment to the histamine reference, the estimated amount of allergen in dry weight per milliliter of the extract calculated to induce a 75-mm² wheal response in the patient sample was 15 times higher in Berlin than in Uppsala.

Correcting for the smaller wheals in Berlin, by using the histamine reference for equilibration between the centers [3, 4], i.e. reducing the influence of differences in technique, the biological activity of the timothy extract as evaluated based on data from Berlin was 0.8 of that based on data from Uppsala (n.s.). Thus, the total difference between the methods was 19 times.

Discussion

The + method of Aas and Belin [1] was proposed in 1973, i.e. before any standardized extracts had been launched. Thus, the total allergenic potency of extracts of the same source material could differ as much as 1,000 times in potency between batches [14]. The + method has been widely used since then, but never validated. The method gives a very rough estimate of skin sensitivity, since half the diameter of a wheal 6 mm in diameter (++) means about a 30-fold lower sensitivity and double the diameter means a much higher reactivity, i.e. a difference between ++ and ++++ of about 1,000 times.
The technique varying between technicians and centers causes differences in wheal size, making it difficult and not evidence-based to compare skin test results between assistants and centers as is often done in e.g. epidemiological trials.

This study shows that by adjusting the allergen skin response to that of histamine, the difference in technique within and between testing personnel and centers can be minimized. Simple methods for equilibration of skin test results using histamine reference will be evaluated.
Conclusions

Adjusting the allergen wheal size to that of the directly acting histamine reference corrects for differences in technique. Therefore, the histamine reference should be used for equilibration of results among testing personnel in the same unit, and among centers and regions, both in clinical trials and in clinical practice.

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References