



Imtiaz Ahmed, M.D.

Diplomate of American Board of Allergy & Immunology

A Conjoint Board of American Board of Pediatrics and the American Board of Internal Medicine

Telephone (407) 846-4000

Fax (407) 846-4808

www.drahmed.com

903 West Oak Street

2920 17th Street

e-mail

Kissimmee, FL 34741

St. Cloud, FL 34769

allergy2000@hotmail.com

ABOUT INTRADERMAL SKIN TESTING PROCEDURES:

The specific airborne allergens used in this test will depend on the seasonal timing of your symptoms. Intradermal skin tests require the use of a needle and syringe because the allergen is placed under the top layer of skin. Intradermal tests are more sensitive than the prick test, but do not correlate quite as well with clinical symptoms as the prick test. This means that more patients will have positive intradermal tests than will actually have symptoms when deliberately exposed to the allergen. A positive intradermal skin test will identify those airborne allergens that are likely to produce your allergic symptoms. Again, the best medical approach to your symptoms depends on identifying whether or not you have allergies and if so, identifying what you are allergic to. Negative skin tests do not mean that you do not have symptoms, but only that exposure to allergens is not causing those symptoms.

The skin reactions will develop locally in the skin within 15 minutes. At first, all of the injection sites will appear red because of the irritant effect of the injection; this redness will fade away quickly. However, the true positive reactions will develop over the area over the next 15 minutes. Positive skin test reactions will look like a mosquito bite; they will itch. The itching will last for only about 15 to 30 minutes; the wheal will disappear over the next few hours. Positive intradermal reactions look much like the reactions to the prick test, only somewhat larger.

Each testing will include a positive control and a negative control. We use the chemical that mediates allergic reactions (histamine) on the positive control. This is to make sure that the skin can produce a positive response. This positive control tells us what a positive reaction will look like in your skin. We also use a negative control to tell us that this is a valid set of allergy tests and that we can make some clinical decisions based on these results.