

Table 6B. Contact Dermatitis

Referral Guideline	Rationale	Evidence Type
To confirm the diagnosis of and identify the	Allergist/immunologists are specifically trained to diagnose contact	Diagnostic
etiology of contact dermatitis.	dermatitis. More allergist/immunologists than dermatologists currently	
	perform patch testing. ^{2,3} If an etiology is defined, avoidance therapy	Indirect outcome
	can be initiated. ⁴⁻¹²	(avoidance)

References:

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- 3. Fonacier LS, Charlesworth EN. Patch testing for allergic contact dermatitis in the allergist office. Current Allergy and Asthma Reports 2003;3:283-290. Evidence grade: IV
- 4. Nettis E, Marcandrea M, Colandardi MC, Paradiso MT, Ferrannini A, Tursi A. Results of standard series patch testing in patients with occupational allergic contact dermatitis. Allergy. 2003; 58(12):1304-1307. Evidence Grade: III
- 5. Lindberg M, Tammela M, Bostrom A, et al. Are adverse skin reactions to cosmetics underestimated in the clinical assessment of contact dermatitis? A prospective study among 1075 patients attending Swedish patch test clinics. Acta Derm Venereol. 2004; 84(4):291-5. Evidence Grade: III
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- 7. Rietschel RL, Mathias CG, Fowler JF, et al. Relationship of occupation to contact dermatitis: evaluation in patients tested from 1998 to 2000. Am J Contact Dermat. 2002;13(4):170-6. Evidence Grade: III
- 8. Drake LA, Dorner RW, Goltz RW et al, Guidelines for care of contact dermatitis. Committee on Guidelines of Care.J. Am Acad Dermatol.1995;32:109-13. Evidence Grade: IV
- 9. Marks, J and DeLeo, V: Patch Testing for contact and occupational dermatology. St. Louis: Mosby Yearbook, 1993. Evidence Grade: IV

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- 12. Fonacier LS, Dreskin SC, Leung DYM. Allergic skin diseases. J Allergy Clin Immunol 2010;125.