included age, sex, history of atopy, comorbidities, referring physician, reason for referral, history of previous patch testing or hospitalization (if any), distribution and appearance of dermatitis, duration of symptoms, skin biopsy results, treatment before patch testing and in follow-up, number of patches placed with result outcomes, and improvement at the follow-up visit. Patch testing was mostly completed based on established criteria outlined by the North American Contact Dermatitis Group (NACDG), and positives were defined as 1+ (weak positive reaction) or greater.

RESULTS. Dermatologists referred the majority of patients (73%), while 20% were referred by primary care providers. Dermatitis was present from <6 months (20%) to 2 years (46.2%). At least 1 positive reaction was seen in 73.25% of cases, and 54.8% had 2 or more positive patch test results. The most frequent positive triggers for ACD were nickel (24.4%) and cobalt (21.7%). Males had more positive results from fragrance mix 1 compared with females ($P = .02$). Patients with atopy were more likely to have a positive reaction to cobalt ($P = .008$) and chromium ($P = .03$). Among the 60 patients who returned for follow-up, 60.7% reported improvement in symptoms after patch testing, and most (88.5%) were being treated with topical corticosteroids.

CONCLUSIONS. Patch testing is useful for guiding treatment options for ACD.

REVIEWER COMMENTS. This study demonstrates the utility of patch testing when a trigger for the diagnosis of dermatitis is not clear from history or if dermatitis is refractory to standard treatment. Targeted patch testing can be cost-effective and may guide management strategies. Given the rising prevalence of allergic disease and its impact on quality of life, it is important for providers to consider referrals for patch testing before starting treatment with systemic immunosuppressants for allergic contact dermatitis.

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Prevention of Hereditary Angioedema Attacks With a Subcutaneous C1 Inhibitor

Longhurst H, Cicardi M, Craig T, et al. *N Engl J Med*. 2017;376(2):1131–1140

PURPOSE OF THE STUDY. To determine if functional levels of C1 inhibitor activity would provide effective prophylaxis against attacks of hereditary angioedema (HAE).

STUDY POPULATION. Patients who were 12 years or older with type 1 or 2 HAE and had 4 or more attacks in a consecutive 2-month period within 3 months before screening.

METHODS. This was an international, prospective, multicenter, randomized, double-blind, placebo-controlled, dose-ranging, phase 3 trial to evaluate the efficacy and safety of self-administered subcutaneous CSL830. Patients were randomly assigned to 1 of 4 treatment sequences in a crossover design consisting of two 16-week treatment periods using either 40 IU or 60 IU of CSL830 per kilogram of body weight twice weekly or a placebo. The primary efficacy end point was the number of attacks of angioedema, and the secondary end point was the portion of patients who had a response of >50% reduction in attacks.

RESULTS. Of the 90 patients who underwent randomization, 78 completed the trial. Both doses compared with the placebo reduced the rate of attacks of HAE: 40 IU, −2.42 attacks per month (95% confidence interval, −3.38 to −1.46); and 60 IU, −3.51 attacks per month (95% confidence interval, −4.12 to −2.81). Response rates were 76% for 40 IU and 90% for 60 IU. The need for rescue medication was reduced from 5.5 uses per month in the placebo group to 1.3 uses per month in the 40 IU group and 0.32 uses per month in the 60 IU group.

CONCLUSIONS. This study highlights that self-administration of subcutaneous CSL830 was safe and showed long-term prevention of HAE. Of patients, >50% had no moderate-to-severe attacks while receiving CSL830.

REVIEWER COMMENTS. This study helps to understand the effectiveness of a self-administered product in decreasing the significant burden of attacks in this rare disease.

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ALLERGIC RHINITIS

Allergic Rhinitis Causes Loss of Smell in Children: The OLFAPEDRIAL Study

Langdon C, Guilemany JM, Valls M, et al. *Pediatr Allergy Immunol*. 2016;27(8):867–870

PURPOSE OF THE STUDY. To evaluate the impact of allergic rhinitis on olfaction in children and characterize it using the ARIA (Allergic Rhinitis and Its Impact on Asthma) criteria for severity and duration.

STUDY POPULATION. This study included 1260 children who were 6–12 years of age with allergic rhinitis diagnosed by an allergist from 271 centers in Spain between May and July 2008.

METHODS. This was an observational, cross-sectional, multicenter study. Inclusion criteria included symptoms of rhinoconjunctivitis for >1 year, sensitization to 1 or more aeroallergens by skin or specific immunoglobulin E testing, and discontinuation of maintenance medications for allergic rhinitis at least 2 weeks prior to inclusion.

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