Multiple Mastocytomas: A Case Report and Discussion
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**Background**
Mastocytosis is a clonal proliferation of mast cells in various tissues of the body with skin being the most common.

**Case Report**
An otherwise healthy 8 month female presented with brown lesion on the face, chest, and bilateral upper and lower extremities that had become larger and more numerous since their onset five months prior. Physical exam revealed numerous 0.5-3.0 cm brown papules and plaques that urticated when gently stroked (Darier’s sign). Shave biopsy of a representative lesion was performed and revealed a nodular aggregate of mast cells in the epidermis. Serum tryptase level was normal.

**Disclosures**
There are no financial or other relevant relationships to disclose.

**Discussion**
Mastocytosis is a proliferation of mast cells that affects patients of all ages and several organ systems, with the skin being the most common. Cutaneous mastocytosis has classically been categorized into three clinical presentations: mastocytomas, maculopapular cutaneous mastocytosis (AKA urticaria pigmentosa) and diffuse cutaneous mastocytosis. More than 50% of mastocytosis cases have an onset of symptoms before the age of 2.¹ Pediatric patients are more likely to have mild cutaneous lesions that often resolve by puberty while adults tend to have systemic manifestations that are chronic and can cause multisystem complications such as anaphylaxis.²,³

Although mast cells proliferate throughout the body, their abundance in the skin leads to a high proportion of cutaneous symptoms. Since no cure exists for cutaneous mastocytosis, treatments focus on avoidance of triggers in addition to various symptomatic treatments. Mast cell degranulation triggers include: physical stimuli such as heat and friction; stress and anxiety; numerous medications including NSAIDs, opioids, and radiocontrast; and venomous stings.

Medical management options for pediatric patients include: topical and intralesional steroids, topical calcineurin inhibitors, 1st and 2nd generation H1 antihistamines, H2 blockers, and leukotriene antagonists.⁴

**Conclusion**
Mastocytosis is a proliferation of mast cells in various organs of the body that manifests quite differently in pediatric and adult patients. Most pediatric cases begin before age 2 and are characterized by mild cutaneous symptoms that often resolve by puberty, whereas adult-onset mastocytosis is more likely to have systemic manifestations with an increased risk of serious complications. Current management is targeted at the avoidance of mast cell degranulation triggers and utilization of various symptomatic treatments.

**References**