

Cutaneous mastocytosis: clinical, dermoscopic and pathological features

Arvind Kumar,¹ Naveen Kumar Kansal ,² Ramesh Pratap Anuragi²

¹Pathology, All India Institute of Medical Sciences, Rishikesh, India
²Dermatology and Venereology, All India Institute of Medical Sciences, Rishikesh, India

Correspondence to
 Dr Naveen Kumar Kansal;
 kansalnaveen@gmail.com

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DESCRIPTION

A 1-and-a-half-year-old boy was brought by his parents with intermittently itchy, round to oval, yellowish to skin-coloured maculopapules on the trunk for the last 1 year. The lesions were about 0.5×1 cm in size and were present on the chest, abdomen and back (figure 1). Stroking a lesion with a blunt object produced faint perilesional erythema with urtication (Darier's sign). There were no systemic reports. Clinical differential diagnoses of cutaneous mastocytosis (multiple mastocytomas) and juvenile xanthogranuloma were considered. Dermoscopy of a lesion revealed

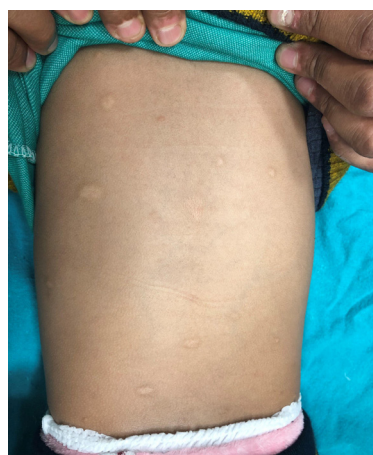


Figure 1 Round to oval, yellowish to skin-coloured lesions on the chest and abdomen.



Figure 2 Dermoscopy. Central whitish area surrounded by a reticulate light brown rim on a yellowish background.

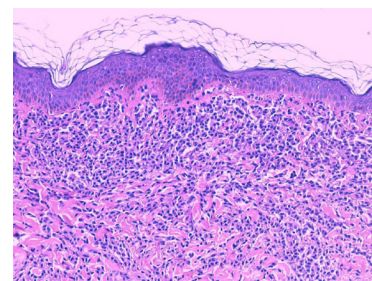


Figure 3 Pathology. Diffuse infiltration of the superficial epidermis by mastocytes (H&E stain, original magnification, ×40).

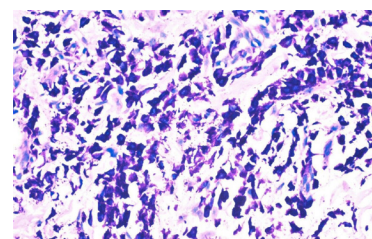


Figure 4 Giemsa stain demonstrates metachromatic mast cell granules (original magnification, ×100).

a central whitish area surrounded by a reticulate light brown rim on a yellowish background (figure 2). A biopsy was taken for pathological examination, which revealed orthokeratotic epidermis with basal layer melanisation and diffuse infiltration by mastocytes in the superficial epidermis (figure 3). A Giemsa stain demonstrated metachromatic mast cell granules (figure 4). Therefore, based on clinical and dermoscopic features and pathological findings, a diagnosis of cutaneous mastocytosis (multiple mastocytomas) was made.^{1 2} The patient was started on H₁

Learning points

- ▶ Cutaneous mastocytosis typically presents within the first few months of birth but a later onset is not uncommon. The lesions may urticate on stroking (Darier's sign).
- ▶ Dermoscopic features in cutaneous lesions of mastocytosis include a light brown rim, pigment network and yellow–orange blot.
- ▶ Pathological examination shows diffuse infiltration by mastocytes in the upper epidermis, which demonstrates metachromatic granules.



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antihistamines (syrup cetirizine 5 mg/5 mL, half teaspoonful at bedtime) which led to symptomatic improvement. The patient is on regular follow-up.

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ORCID iD

Naveen Kumar Kansal <http://orcid.org/0000-0001-9214-3137>

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