Cutaneous mastocytosis: clinical, dermoscopic and pathological features

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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 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.
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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