MASTOCYTOMA

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A $1^{1/2}$ -year-old male child presented with a nodular and a plaque lesion with history of urtication and bulla formation off and on. Darier's sign was positive. Biopsy confirmed the diagnosis of mastocytoma.

Key Words: Mastocytoma

Introduction

Mastocytoses are a rare group of disorders of mast cell proliferation. Of the different clinical types, the localized variety called mastocytoma is even rarer and constitutes only about 15% of the total cases of cutaneous mastocytoses.

In the Indian literature majority of reports are of generalized variety called urticaria pigmentosa. There is only a single report¹ of two late onset type of solitary mastocytomas. Because of the rarity of the condition, we are reporting a child having 2 mastocytomas.

Case Report

A 1^{1/2}-year-old male child presented with a nodular lesion over chest of 1 year duration. Mother reported that the lesion occasionally develops itching, becomes red and swollen, and later a bulla forms over the lesion and then subsides within a few days. Rarely, if the symptoms are severe then a generalised pruritus occurs all over the body. Recently, mother noticed another pinkish lesion over the scalp.

On examination, 2cm in diameter, rounded, lobulated nodule having

brownish coloured overlying skin was seen over the right upper part of chest The scalp lesion was $1 \times 1^{1/2}$ cm, oval pinkish plaque with well defined edges. A the time of examination, Darier's sign could be elicited in the scalp lesion bur not the chest lesion. No other cutaneous or systemic abnormality was observed The routine investigative profile was also within normal limits. A diagnostic biopsy revealed mast cell aggregates in dermis having metachromatic granules in toluidine blue stained sections. The symptoms of the patient are well controlled with conventional antihistaminics.

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Comments

The diagnosis of mastocytoma is usually not difficult, however, histopathology is mandatory for confirmation. The lesions are usually solitary but occasionally multiple and appear in infancy or early childhood. The symptoms tend to diminsh as the patient grows older and resolve spontaneously in 2-3 years. In our patient, the 2 lesions were morphologically different, probably because of the different stages of evolution.

Reference

Mittal RR, Goyal DK. Solitary mastocytomin adults. Ind J Dermatol Venereol Lepto 1990;56:315-6.

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