PAEDIATRIC DERMATOLOGY

A RARE CASE OF GIANT SOLITARY MASTOCYTOMA IN A 6-MONTHS-OLD INFANT

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Background: Mastocytosis represents a group of disorders characterized by an abnormal accumulation of mast cells (MC) in one or more organs. Depending on the sites of organ involvement, 2 main forms of mastocytosis are recognized: cutaneous mastocytosis (CM), when the skin is the only tissue affected, and systemic mastocytosis (SM), characterized by MC infiltrates in extracutaneous organs, with or without concomitant skin involvement. Cutaneous mastocytosis is subclassified into urticaria pigmentosa, diffuse cutaneous mastocytosis, and mastocytoma of the skin. Solitary mastocytoma in infants is an uncommon disease that usually consists of a solitary brown to yellowish nodular lesion that frequently involves the trunk or extremities, although any part of the body can be affected. Exact etiology for proliferation and accumulation of mast cells is not known. We present a case of giant mastocytoma of abdomen in a 6-months-old infant.

Observation: A 6-months-old infant presented to our department with an asymptomatic 10×4 cm erythematosus plaque on the lower abdomen, firm to touch. The patient underwent abdominal ultrasound, which revealed no alterations of the internal organs. A punch biopsy showed a diffuse infiltration of mast cells in the dermis and confirmed the diagnosis of giant mastocytoma. The patient was treated with H1 antihistamines and topical glucocorticoids with good therapeutic response and stabilization of clinical conditions.

Key message: It is difficult to diagnose solitary mastocytoma because it is very uncommon disease and its clinical features are nonspecific. Furthermore, the finding of giant skin lesion is particularly rare. The use of topical corticosteroids in association with oral antihistamines help in resolution of skin lesions but long term use of potent topical steroids can cause adrenal suppression.