PAEDIATRIC DERMATOLOGY

DOUBLE TROUBLE: A CASE OF BULLOUS MASTOCYTOSIS IN 2-MONTH OLD TWIN GIRLS

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Background. Mastocytosis is a rare disease, in which the hallmark finding is the elevated number of mast cells in tissues. The most common manifestation is the cutaneous type, where there are several variants: urticaria pigmentosa, mastocytoma and diffuse cutaneous mastocytosis. All three can have a sequela of the bullous form.

Observation. In this report, 2-month old twin girls consulted due to hyperpigmented papules and plaques observed at birth that progressed to vesicles and bullae, some of which spontaneously resolved leaving hypertrophic pigmented lesions. This symptomatology recurred for 2 months, with new lesions continually appearing. Cutaneous examination revealed multiple, well-defined, round to irregularly shaped, skin-colored, erythematous, and hyperpigmented papules, plaques, patches, vesicles and bullae on the scalp, face, lips, arms, legs and trunk and back. Skin punch biopsy and Giemsa stain done on both patients showed subepidermal cleft with mast cells and eosinophils, hyperpigmented basal cell layer, and diffuse dermal infiltrate of mast cells. These findings were suggestive of a histopathological diagnosis of bullous mastocytosis. The patients were then treated with oral antihistamines and mild emollients. Two years later, the patients were healthy, without active bullous lesions and without signs of systemic mastocytosis. However, the skin still had with post-inflammatory hyperpigmentation from previous lesions.

Key message. Bullous mastocytosis in twins implies a possible familial component in the disease etiology, although this is not yet fully established in literature. Pediatric-onset cutaneous mastocytosis is expected to resolve spontaneously, but careful monitoring and proper patient and caretaker education are necessary due to the possibility of progression to the systemic type.

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