



Mast Cell Disease

Mast cells are normally found around our blood vessels. An accumulation of excessive numbers of mast cells in the skin is known as mastocytosis. The mast cells contain chemicals including histamine, that may be released when the lesion is rubbed, in heat, or with certain medications. In children, this disorder may appear as a single lesion- “solitary mastocytoma” or more generalized forms termed “urticaria pigmentosa” or “mastocytosis.” The lesions usually appear at birth or early childhood, may increase somewhat in size and number for several months to years, and eventually go away in most cases. Mastocytomas usually clear by school age. The yellow-brown spots of urticaria pigmentosa may begin to clear at puberty. Children with these lesions, rarely have increased numbers of mast cells at other sites than the skin. Patients often develop local redness and itchy hive-like areas over the lesions after gentle rubbing or stroking (Darier’s sign) due to the release of histamine in the mast cells. Sometimes a small fluid filled blister will appear always at the same site. When itching is a problem, an antihistamine, an agent that blocks histamine, such as Benadryl, may be given. If problems, such as flushing, dizziness, irritability, diarrhea or extensive swelling occur frequently, long term use of antihistamine agents may be indicated. Irritants for Children with Mast Cell Disease Physical stimuli: Exercise; skin friction; hot baths; cold exposure (especially swimming); ingestion of hot beverages, spicy foods or ethanol. Drugs: Aspirin, alcohol, morphine, codeine, polymyxin B, thiamine, quinine, D-tubocurarine, radiographic dyes, scopolamine, procaine, opiates, non-steroidal anti-inflammatory agents, gallamine, decamethonium. Others: IV high molecular weight polymers (dextran), emotional stress, bacterial toxins, snake venom, polypeptides released by ascaris, jellyfish, crayfish and lobsters.