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Dermoscopy of xanthelasmoid mastocytosis

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Description

A one-year-old boy presented with a 3-months history of pruriginous cutaneous lesions on his trunk and limbs. Dermatological examination revealed multiple erythematous and pigmented plaques and nodules varying in size (Figure 1A). Darier's sign was negative. Dermoscopy examination showed a yellowish-erythematous and homogenous background with a peau d'orange appearance. The periphery presented also pigmented stripes irradiated to the follicular openings (Figure 1B). A skin biopsy was performed, and histopathologic features were characteristic of cutaneous mastocytosis.

Teaching point

Xanthelasmoid mastocytosis is a rare subtype of mastocytosis [1]. It generally occurs from birth. It presents as soft, buffyellow papules or nodules. Darier's sign is inconsistent. Previous studies described dermoscopic patterns as brown reticular pattern, yellow-orange blot, and light-brown blot [1,2]. In our case, we found thick pigmented lines irradiated to the follicular openings distributed in a erythematous-yellowish background corresponding to melanocyte proliferation and melanin production by the high amount of mast cells. Treatment is focused on avoiding drugs and mast cell degranulation factors such as aspirin, codeine, stress, certain foods, intense physical exercise and sudden temperature changes. As far as the evolution, this clinical form is characterized by the persistence of lesions after puberty, with no increased risk of systemic damage.

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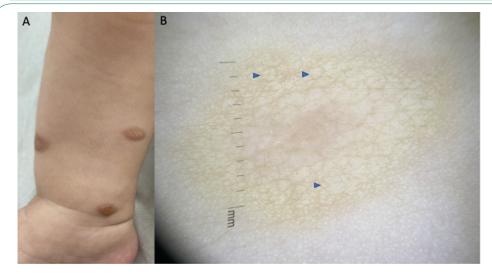


Figure 1: (A) Multiple erythematous and pigmented plaques and nodules. **(B)** Dermoscopy showing brown reticular lines (*blue arrowheads*) on homogeneous yellowish-erythematous base.

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