**MAST CELL DISEASE:**

Mast cells are normally found around 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 resleased when the lesion is rubbed, in the presence of heat, or with certain medications. In children, this disorder may appear as a single spot- “solitary mastocytoma” or the more generalized forms called “urticarial pigmentosa” or “mastocytosis.” The lesions usually appear at birth or early childhood, may increase somewhat in size and number in several months to years and eventually go away in most cases. Mastocytomas usually clear by school age. The yellow-brown spots of urticarial pigmentosa may begin to clear at puberty. Chrildren with lesions rarely have increased numbers of mast cells at other sites. Patients often develop redness and itchy hive-like areas over the spots after gentle rubbing or scratching (Darier’s sign) due to release of histamine in the cells. Sometimes a blister can also appear at that same spot. When itching is a problem, benadyrl (diphenhydramine) or atarax (hydroxyzine) may be given. If problems such as flushing, dizziness, irritability, diarrhea, or extensive swelling happen often, long term use of antihistamines can be helpful.

Things that can irritate children with mast cell disease:

Physical: Exercise, heat, hot baths, hot drinks, cold exposure, sunlight, stress

Medications (systemic): Aspirin, alcohol, morphine, codeine, dextromethorphan, NSAIDs (like ibuprofen or naproxen), opiates, amphotericin B, thiamine

Medications (topical): Polymyxin B (in Neosporin or double antibiotic ointment)

Medications sometimes used with general anesthesia: D-tubocurarine, scopolamine, decamethonium, gallamine, pancuronium

Local anesthetics: Tetracaine, procaine, methylparaben

X-ray contrast: Iodine-containing contrast media

Venom: snakebites, bee stings, jellyfish stings

Foods: Egg white, crayfish, lobster, chocolate, strawberries, tomatoes, citrus, ethanol