Bullous mastocytosis = اﻠﻔﻘاﻌﻲ اﻠﺒدﻴﻨﺔ داء mastocytosis
Urticaria pigmentosa, although occasionally showing an autosomal dominant mode of transmission (with
In the first form, the cutaneous lesions often improve or even clear at puberty. Systemic lesions are absent as a rule...
Patients with extensive mast cell infiltration of the skin or the internal organs commonly have attacks of flushing, palpitation, or diarrhea as a result of degranulation of mast cells and the release of histamine.

Five types of cutaneous urticaria pigmentosa can be found. Two types can occur in both the infantile and the chronic nodular types: edematous plaques and telangiectasia. If bullae are a predominant clinical feature, the term *bullous mastocytosis* has been applied. Although visceral lesions are common in the diffuse erythrodermic type, they are not seen in the chronic nodular type.
they usually improve and only very rarely progress to fatal systemic mast cell disease. On rare occasions
Bullous mastocytosis

Histopathology

In all five types of lesions, the histologic picture shows an infiltrate composed chiefly of mast cells, which are best visualized with a Giemsa stain or with toluidine blue. Also, the method using naphthol AS-D chloroacetate esterase, often called Leder's method, makes mast cell granules appear red and thus quite conspicuous.
In the maculopapular type and in telangiectasia macularis eruptiva perstans, the mast cells are limited to the upper third of the dermis and are generally located around capillaries. In some mast cells, the nuclei may be round or oval, but in most mast cells, they are spindle shaped. Because the mast cells may be present only in small numbers, the diagnosis may be missed unless special staining is employed.
In cases with multiple nodules or plaques or with a solitary large nodule, the mast cells lie closely packed.
In the diffuse, erythrodermic type, a dense, bandlike infiltrate of mast cells with a rather uniform appearance showing round to oval nuclei and a distinctly outlined cytoplasm is observed in the upper dermis.

Eosinophils may be present in small numbers in all types of urticaria pigmentosa with the exception of telangiectasia... mast cell granules are observed, which is an indication that granules have been released by the cells (327).

The bullae that may occur in infants with multiple or solitary nodules or with the diffuse erythrodermic type...
basal cell layer and occasionally also of melanophages in the upper dermis.

**Systemic Lesions**

It is important to distinguish between asymptomatic systemic involvement of limited degree and true sys
Asymptomatic systemic involvement of a limited degree may occur in urticaria pigmentosa of children, but...
In true systemic mast cell disease, massive infiltration of the bones may cause collapse of several vertebrae.
Histogenesis. As seen by both light microscopy and electron microscopy, the mast cells of urticaria pigmentosa contain large quantities of granules and melanosomes, which are organelles responsible for the accumulation of histamine and melanin. The increased melanin pigmentation in lesions of urticaria pigmentosa is the result of stimulation of epidermal melanocytes by the mast cells, leading to increased melanin production and deposition.
**Differential Diagnosis**

Even if numerous mast cells are present, an absolutely
The macular type of urticaria pigmentosa, especially telangiectasia maculosa eruptiva perstans, occasionally...
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