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Urticaria and Mastocytosis: As Common as we Think?

Urticaria y mastocitosis: ¿tan frecuente como pensamos?

To the Editor:

In daily practice and in the classical text books of dermatology, urticaria is considered to be a common manifestation of mastocytosis; along the same lines, mastocytosis is considered a cause of both acute and chronic urticaria.¹⁻⁵ Nevertheless, a literature review reveals no data to support any such association.

A comprehensive review carried out using Pubmed and the Spanish Medical Index (IME, *Índice Médico Español*) (keywords: mastocytosis, telangiectasia macularis eruptiva perstans, urticaria, Darier, dermatographism) yielded no data on the relative risk of urticaria in patients with cutaneous mastocytosis and few data on patients with acute or chronic urticaria caused by an underlying mastocytosis.

The only paper to directly mention an association between the 2 conditions was published by Martín-Muñoz,⁶ who reported the case of a 5-year-old boy with a 1-year history of chronic urticaria. A skin biopsy revealed mastocytosis of the urticaria pigmentosa type. All other tests (tryptase and histamine) were normal, except for a positive skin prick test for olive pollen.

It is believed that testing for Darier sign could trigger urticaria-like symptoms and possibly even anaphylactic shock in patients with mastocytosis. However, a retrospective study on the causes of anaphylaxis in 601 patients found no patients with a history of mastocytosis.⁷

Darier sign is considered a dermatographism typical of mastocytosis, and the 2 conditions have a common pathogenesis consisting of mechanical activation of the inflammatory cascade that triggers the appearance of wheals⁸; this may confirm the relationship between urticaria and mastocytosis.

We present the case of a 42-year-old man who consulted for the appearance of wheals in exposed areas (particularly, on the face and hands) when he was outdoors in cold weather, when he touched cold containers, or when he was exposed to hot or cold water. The patient also reported pharyngeal itching whenever he drank cold beverages (whether water or another type of refreshment). Physical examination revealed telangiectasias on the upper thorax and back, as well as the shoulders (Figure 1). Challenge tests with an ice cube (Figure 2) and with cold water (Figure 3) were positive, with the formation of wheals, whereas tests with hot water, heat, and light were negative, as were the exercise test, dermatographism test, and Darier sign. A biopsy of the trunk lesions showed slight superficial vascular dilatations in the skin, associated with groups of 7 or 8 mast cells around the vessels, consistent with telangiectasia macularis eruptiva perstans. All tests to determine possible systemic involvement (serum tryptase,



Figure 1 Telangiectasias on healthy skin at the neckline.



Figure 2 Wheal-like plaque on the right arm after applying an ice cube.



Figure 3 Wheal-like plaque on the contralateral arm after applying water.

bone densitometry, bone marrow biopsy) were normal. The patient was therefore diagnosed with cutaneous mastocytosis of telangiectasia macularis eruptiva perstans type and cold urticaria. At the time of writing, the patient was receiving cyproheptadine 4 mg/8 h, which partially controlled the outbreaks. Wheals continued to appear upon cold exposure, but were less severe and of shorter duration.

The association of this type of mastocytosis with physical urticaria has not previously been reported and is an

example of mastocytosis complicated by cold urticaria. In our patient, the association was purely coincidental.

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Mucinous Metaplasia of the Penis Associated With Zoon's Balanitis

Metaplasia mucinosa de pene asociada a balanitis de zoon

To the Editor:

Mucinous metaplasia of the genital area has rarely been reported in the literature.¹⁻⁵ It is characterized by the presence of mucin-containing cells in the squamous epithelium of the skin and mucosas of the genital area, and has been described in association with various diseases of this region. We present a patient with mucinous metaplasia associated with Zoon balanitis.

The patient was a 37-year-old, uncircumcised man who was admitted to the hematology department of our hospital for pancytopenia with medullary hypoplasia associated with hepatitis, probably secondary to a parvovirus B19 infection. He reported no other relevant history. While in hospital, the patient consulted about an extensive, erythematous plaque, present for several months, with a smooth shiny surface and an irregular but

well-defined border, extending over the most proximal part of the glans penis and internal surface of the foreskin and affecting practically the entire circumference. Erosions were observed, particularly around the frenulum (Figures 1 and 2). The lesion was asymptomatic, though the patient reported occasional bleeding. We found no evidence of a urethral exudate. A biopsy of the glans penis revealed a focal erosion with a dense inflammatory infiltrate in the superficial dermis formed of abundant plasma cells. Goblet cells in isolation or in small aggregates were identified in the more superficial areas of the preserved squamous epithelium (Figure 3A). The mucinous component was positive for periodic acid-Schiff (PAS) and Alcian blue at pH 2.5 (Figure 3B). A diagnosis of Zoon plasma cell balanitis associated with mucinous metaplasia led to treatment with several strong topical corticosteroids (betamethasone dipropionate, clobetasol propionate), resulting in partial improvements with subsequent recurrence.

Mucinous metaplasia of the genital area is a benign disorder that probably occurs more often than reported in the literature,¹⁻⁵ but whose incidence is not accurately known. After detecting 2 cases of mucinous metaplasia of the genital area, Fang et al,³ in the United Kingdom, used hematoxylin-eosin staining to examine another