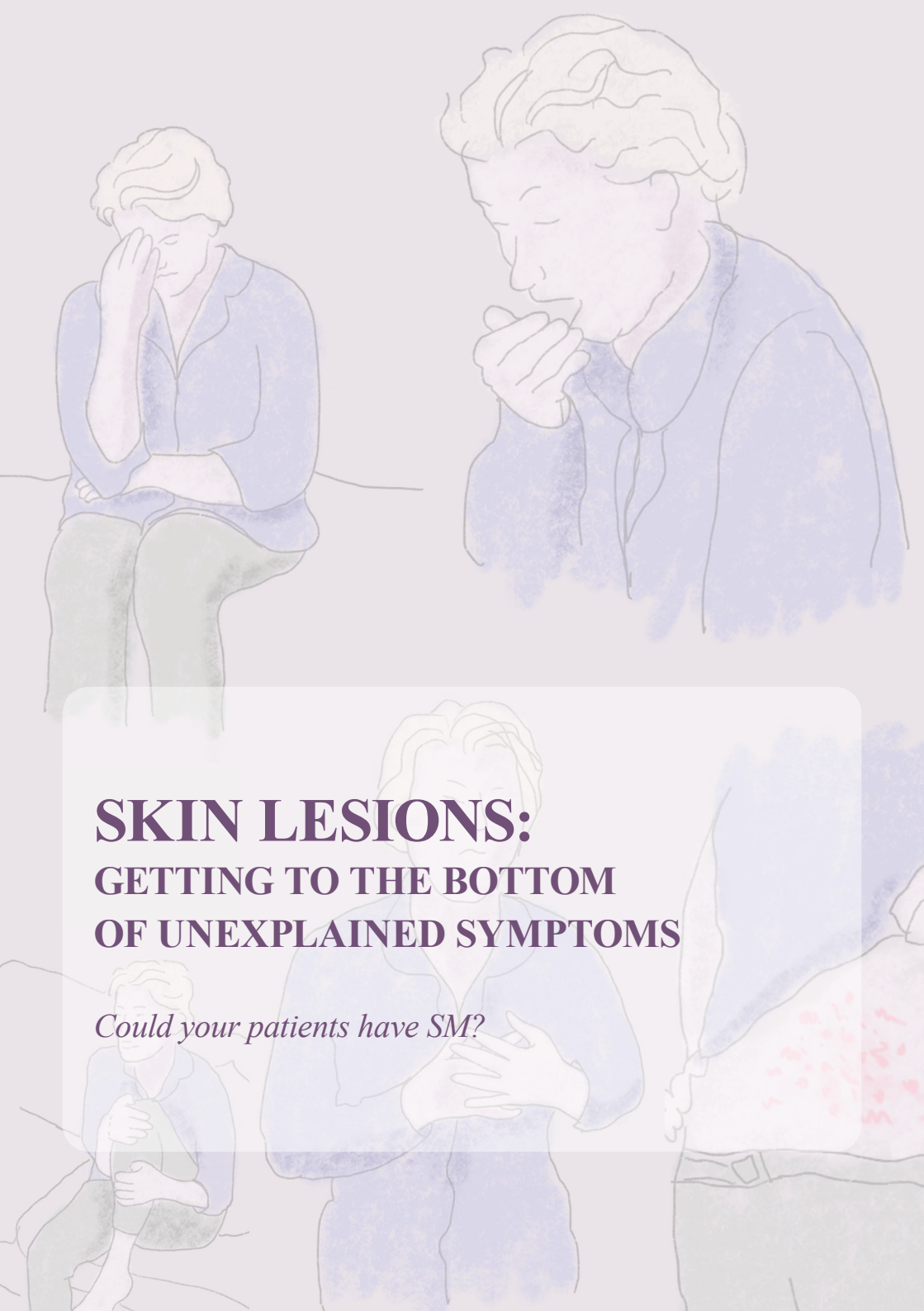
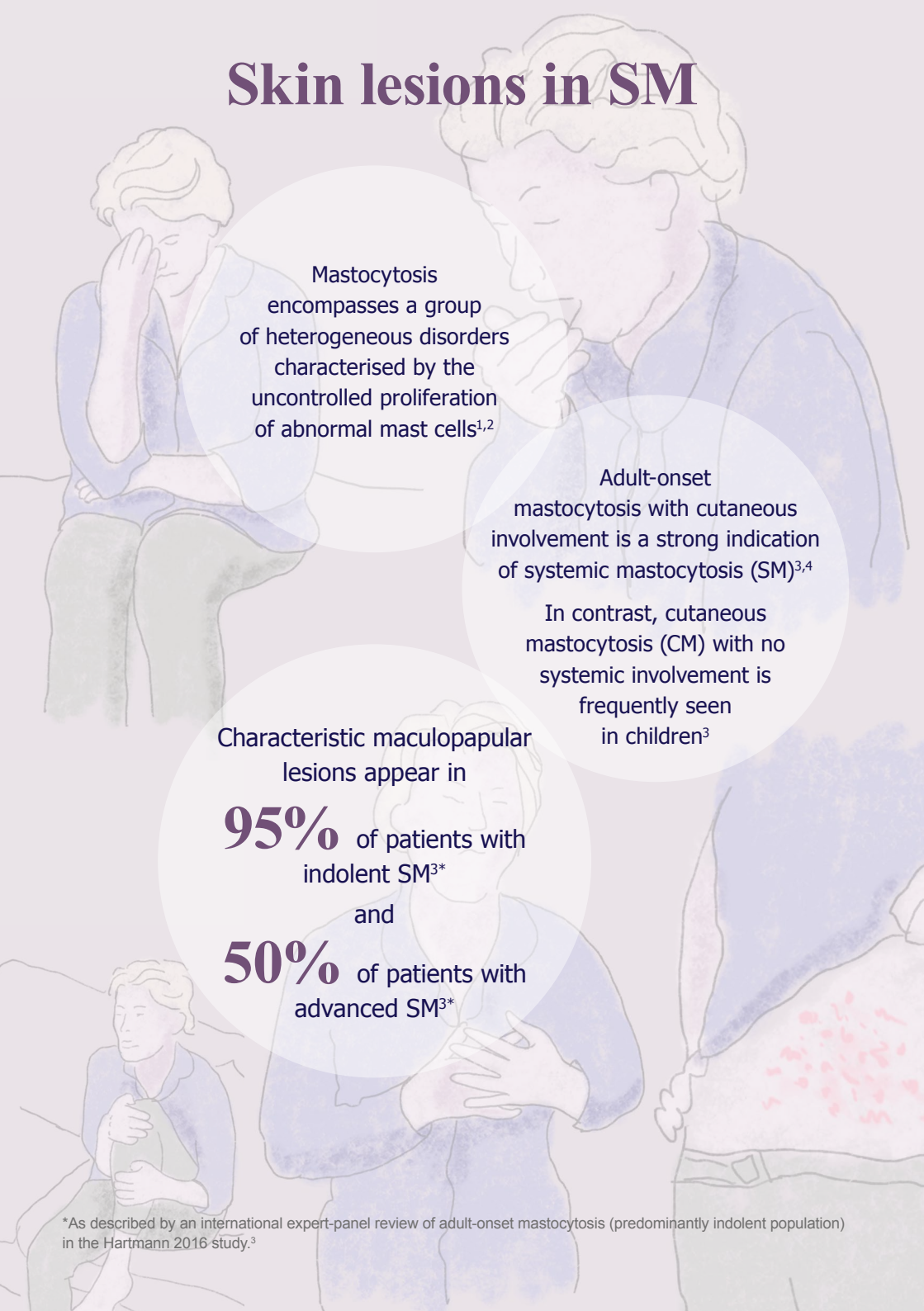


SKIN LESIONS:
GETTING TO THE BOTTOM OF UNEXPLAINED SYMPTOMS

Could your patients have SM?

Skin lesions in SM



Mastocytosis encompasses a group of heterogeneous disorders characterised by the uncontrolled proliferation of abnormal mast cells[1,2]

Adult-onset mastocytosis with cutaneous involvement is a strong indication of systemic mastocytosis (SM)[3,4]

In contrast, cutaneous mastocytosis (CM) with no systemic involvement is frequently seen in children[3]

Characteristic maculopapular lesions appear in

95% of patients with indolent SM[3*]

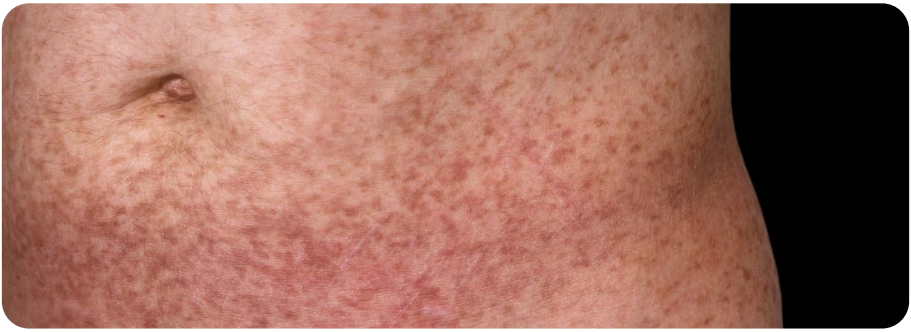
and

50% of patients with advanced SM[3*]

*As described by an international expert-panel review of adult-onset mastocytosis (predominantly indolent population) in the Hartmann 2016 study.[3]

Could you be missing SM?

You may be the first to see these symptoms in initial screening that might trigger suspicion of SM



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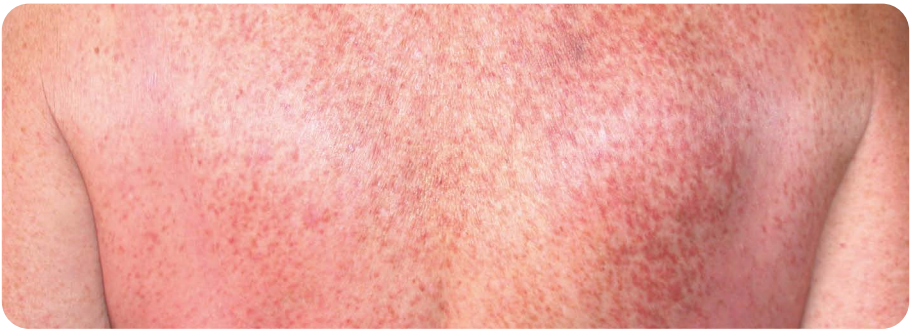

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MACULOPAPULAR SKIN LESIONS (OR URTICARIA PIGMENTOSA)[3]

- **Small, round, brown monomorphic lesions** often start to develop on the **thigh**
- **Lesions** may spread to the **trunk and extremities** over the years

Use this information to help you recognise skin lesions and suspect SM[3*]

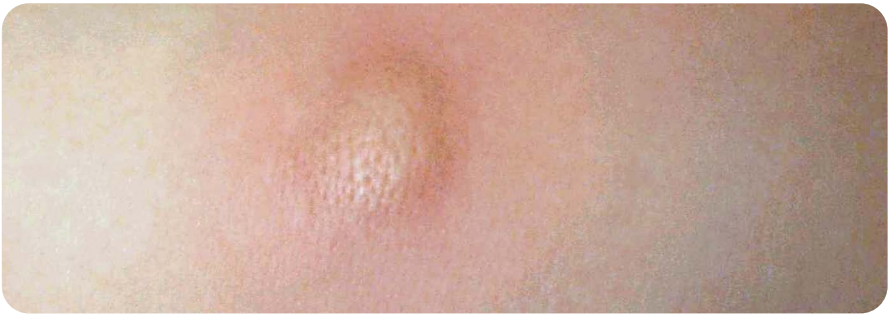
Characteristic	Adult-onset mastocytosis
Typical course of disease	Chronic
Typical tryptase level (ng/mL)	>20
Most frequent type of cutaneous lesions	Maculopapular
Typical morphology of maculopapular lesions	Monomorphic
Typical size of maculopapular lesions	Small (1–10 mm)[5]
Typical distribution of maculopapular lesions	Thigh, trunk

*Please note that this table is based on the Hartmann 2016 study on consensus report of the European Competence Network on Mastocytosis, the American Academy of Allergy, Asthma & Immunology and the European Academy of Allergology and Clinical Immunology[3]; this may not be representative of all SM patients, and the clinical presentation and severity of skin lesions may vary between individuals.

A detailed bone marrow examination is recommended to distinguish between adult CM and SM, and to establish or exclude the diagnosis of SM[6]

Could you be missing SM?

The diagnosis of SM can be easily missed owing to the wide differential diagnosis of skin lesions



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DARIER'S SIGN[3,7]

- Darier's sign, which is manifested as a **wheal-and-flare reaction upon mechanical stroking and rubbing of lesions**, is a highly specific clinical sign of mastocytosis

OTHER SKIN SYMPTOMS[8]

47% of SM patients experience **itching***

44% of SM patients experience **flushing***

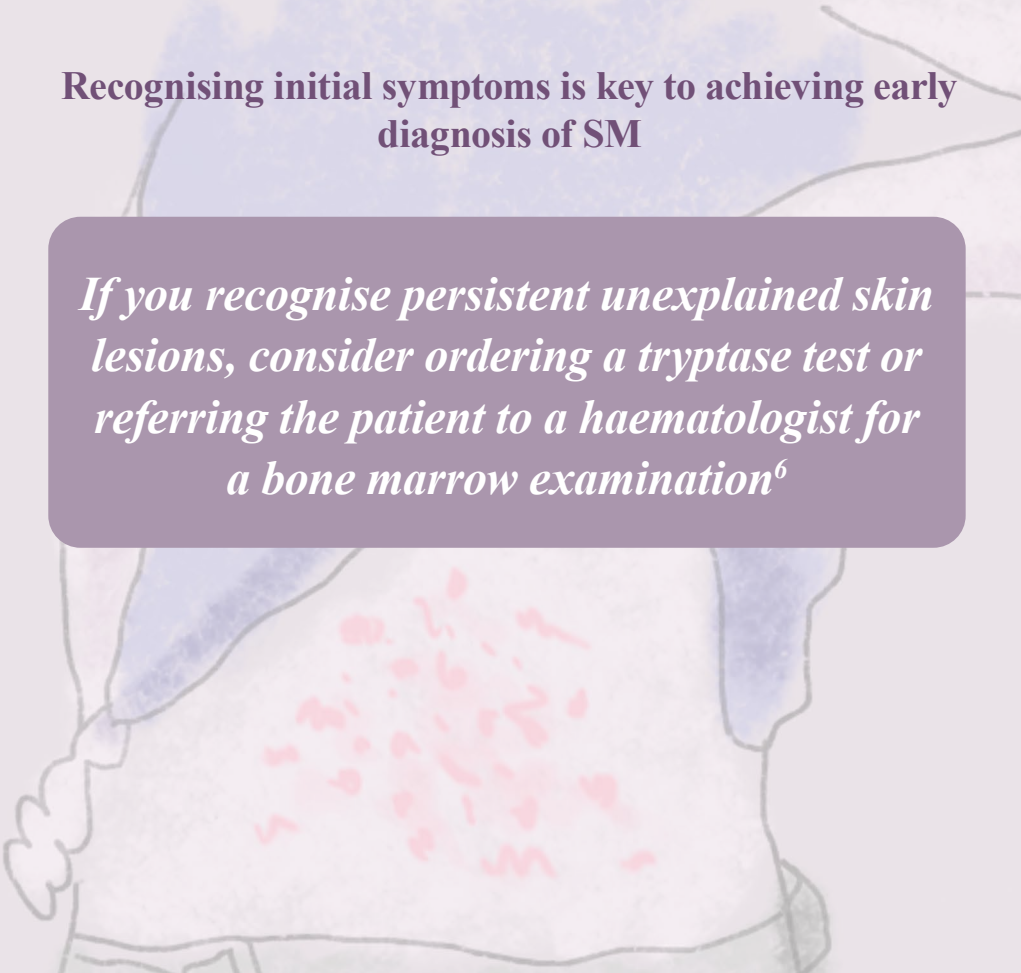
42% of SM patients experience **skin changes***

Heat and burning of flushing which indicates onset of a larger mast cell activation attack was a common concern

*Based on data from 149 patients with self-reported SM in the US Mast Cell Connect registry in the Jennings 2018 study.[8]

Recognising initial symptoms is key to achieving early diagnosis of SM

If you recognise persistent unexplained skin lesions, consider ordering a tryptase test or referring the patient to a haematologist for a bone marrow examination[6]



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