

Hemorrhagic Blister in an Infant

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Case Presentation

An 8-month-old boy was referred to us for evaluation of a large hemorrhagic tense blister with a pink rim involving the dorsum of the right hand (Figure 1). He was otherwise healthy and had a normal development (findings from his physical examination were normal). The parents denied insect bite and frequent sucking of his right hand was reported. The diagnosis of solitary mastocytoma with a hemorrhagic blister was suspected. The blister was drained and healed in seven days. At this time a sharply demarcated pink plaque with a leathery texture was evident. Darier's sign was positive confirming the diagnosis of mastocytoma. Topical clobetasol propionate therapy has been set with benefit.

Teaching Point

Mastocytoma is a variant of cutaneous mastocytosis can appear at birth or in the first months of life with indurated, erythematous, yellow-brown macules, plaques or nodules [1,2]. At the extremities and in sites subjected to friction or pressure the lesions may blister as in our case. However, the hemorrhagic blister described in diffuse cutaneous mastocytosis are rarely observed in mastocytoma. We have assumed that the site and repeated trauma for the habit of sucking the hand are the cause of hemorrhagic blister. This lesion in infancy may be mistaken for epidermolysis bullosa, arthropod bite reaction or child abuse.



Figure 1. Solitary mastocytoma with a hemorrhagic blister.

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