Treatment Of Mediator-Related Symptoms In Patients With Mastocytosis

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The clinical picture of mastocytosis, either cutaneous or systemic, is often dominated by symptoms due to the release of mast cell-derived mediators. Given the usually benign course of the disease, in the majority of patients with mastocytosis the primary therapeutic aim is to control mediator-related symptoms.

In this study we evaluated the requirement of anti-mediator treatment in 91 patients with mastocytosis (44 males, mean age 20 years). Anti-mediator treatment included H₁ antihistamines, H₂ receptor blockers, cromolyn sodium, leukotriene receptor antagonists and oral glucocorticoids. The drugs were administered at standard dosage. Treatment was considered as continuous when prolonged for more than 3 months.

One-third (36/91) of patients with mastocytosis had minor or no symptoms and never required treatment. About one-half of patients (45/91) required only anti-H₁ antihistamine either on-demand (41/45) or as continuous treatment (4/45). More than one medication, including the association of two antihistamines or any other combination of the above mentioned drugs was required in 11% of patients (10/91). Only three patients needed oral glucocorticoids to control their symptoms. No difference in treatment requirement was detected between patients with cutaneous and systemic mastocytosis.

These data indicate that the majority of patients with mastocytosis require on-demand treatment of mast cell-derived mediator symptoms. Antihistamines at the usual dosage are effective in these patients. However a subset of patients requires two or more antimediator drugs to control their symptoms.