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Title of Presentation	The kaleidoscopic presentation of mastocytosis
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Abstract of Presentation	Mastocytosis is a rare heterogenous disease caused by abnormal proliferation and accumulation of mast cells. This case series describes a collection of cutaneous mastocytosis (CM) and systemic mastocytosis (SM) managed by a multi-disciplinary team between 2020 to 2026 at Box Hill Hospital, Melbourne. Epidemiological and clinical characteristics are presented. Ten cases were identified, with 6 females and 4 males. Median age of presentation was 46. All cases had positive c-KIT D816V mutation detected. Three cases presented with anaphylaxis, due to Hymenoptera insect sting, drug or cold exposure (underlying cold urticaria). Three cases presented with maculopapular CM. Two cases presented with minimal trauma osteoporotic fractures. One case was diagnosed incidentally after extensive osteoblastic changes were found on computer tomography scan following a fall, without C-findings. One case presented with massive hepatomegaly and deranged liver enzymes, with liver biopsy confirming aggregates of mast cells and was managed as aggressive SM, improved with avapritinib. All cases of indolent SM without cutaneous lesions (n=5) had a presenting tryptase level between 28.8 to 61.2 mcg/L. Presenting tryptase was >200 mcg/L in aggressive SM. Three cases of indolent SM presenting with anaphylaxis had no CM. Osteoporosis was confirmed in one case of ISM with CM, both cases of ISM without CM and in aggressive SM. ISM with insect

sting anaphylaxis receives regular venom immunotherapy, complicated by recurrent allergic reactions and is now on omalizumab. In conclusion, mastocytosis is a multisystemic disease with a myriad of presentations, including osteoporotic fractures. Management may be challenging, requiring cross-specialty consults. Word count - 250