

Becky's MCAS Journey

Becky lived a normal life until the age of 31 when her health rapidly deteriorated

"I lost my tolerance to nearly all food, drink and medication when I became sick with Mast Cell Activation Syndrome (MCAS)"



WHAT IS MCAS?

Mast cell activation syndrome (MCAS) is characterised by the inappropriate or excessive production and/or release of mast cell mediators. This causes widespread, multisystem heterogeneous symptoms.¹

BECKY'S SYMPTOMS²



Rashes all over



GI bleeding, nausea, vomiting



HR of 160 BPM



Bone pain



Feeling faint



Chest pain, gasping for air

TRIGGERS & SELF-MANAGEMENT^{1,3}



Foods



Exercise



Chemicals/fragrances



Temperature changes



Stress



Drugs/excipients

"I was having multiple attacks a day."



"I removed foods that made me react until I was left with only 6 foods to eat...But reducing my diet was only temporary relief."



DIAGNOSIS^{4,5}

1

"I was referred to specialist after specialist but received no answers."

2

"After standard tests came back normal, my doctors suggested psychological causes."

3

"After learning about MCAS, the doctor agreed to do a tryptase test."

4

"My serum tryptase was elevated, an indicator of MCAS."

Many MCAS patients have normal serum tryptase but other raised markers instead, such as urinary N-methylhistamine or the urinary prostaglandins F2 α , DM or D2.

"It took a year to work out what I had. Throughout this time, my symptoms worsened."



TREATMENT⁶

- Antihistamines
- Mast Cell Stabilisers
- Antileukotrienes
- Prostaglandin blockers
- EpiPens

"My medication helps me tolerate food and has reduced the severity of my daily symptoms."



Find out more about MCAS and the latest research on diagnostic tests at stand 17


MAST CELL
ACTION

References:

1. Akin C. Mast cell activation syndromes. *J Allergy Clin Immunol.* 2017;140(2):349-355. doi:10.1016/j.jaci.2017.06.007; 2. Jennings SV, et al. Symptoms of mast cell activation: The patient perspective [published online ahead of print, 2021 Jul 13]. *Ann Allergy Asthma Immunol.* 2021;S1081-1206(21)00494-4. doi:10.1016/j.anai.2021.07.004; 3. Schofield JR, Afrin LB. Recognition and management of medication excipient reactivity in patients with mast cell activation syndrome. *Am J Med Sci.* 2019;357(6):507-511. doi:10.1016/j.amjms.2019.03.005; 4. Afrin LB, et al. Diagnosis of mast cell activation syndrome: a global "consensus-2". *Diagnosis.* 2020;8(2):137-152. doi:10.1515/dx-2020-0005; 5. Akin C, et al. Mast cell activation syndrome: Proposed diagnostic criteria. *J Allergy Clin Immunol.* 2010;126(6):1099-104.e4. doi:10.1016/j.jaci.2010.08.035; 6. Molderings GJ, et al. Pharmacological treatment options for mast cell activation disease. *Naunyn Schmiedebergs Arch Pharmacol.* 2016;389(7):671-694. doi:10.1007/s00210-016-1247-1.

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www.mastcellaction.org

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