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RESEARCH ARTICLE
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A RARE CASE ENTITY-JESSNER LYMPHOCYTIC INFILTRATE

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ABSTRACT
Erythematous papules or plaques are the hallmark of Jessner Lymphocytic Infiltration of the Skin (JLIS), an uncommon and benign cutaneous disorder that mostly affects sun-exposed areas like the face, neck, and trunk. Lesions may spontaneously resolve or recur over time, and the condition is characterised by an indolent course. Although the exact cause of JLIS is unknown, autoimmune and genetic factors are thought to have a role. Most patients are asymptomatic, but some complain of burning or itching5. A biopsy is usually used to confirm the diagnosis, which shows a periadnexal and perivascular lymphocytic infiltration in the dermis. 1. Following confirmation, we began Triamsinolone acetonide 5 mg/ml administered intralesionally may be regarded as both safe and effective in the treatment of JLIS.

KEYWORDS - Jessner Lymphocytic Infiltration,Sun exposed, triamsinolone acetonide

INTRODUCTION
A benign T-cell pseudolymphoma with a thick dermal lymphocyte infiltrate is Jessner's lymphocytic infiltrate, commonly known as lobulitis. Primary in adults, this disorder affects sun-exposed skin, especially the face and upper torso. The specific cause is unknown, however immune-mediated processes may be caused by environmental factors or pathogens.

Diagnostic accuracy is critical since Jessner's lymphocytic infiltration appears as asymptomatic, reddish-brown plaques that can resemble other dermatoses. Perivascular and interstitial lymphocytic infiltrates dominate histopathology, sparing the epidermis. Jessner's lymphocytic infiltration is self-limiting and treated conservatively to reduce symptoms and cosmetic issues. Dermatologists and other healthcare practitioners must comprehend this entity to diagnose and treat it.

Case report
A 10 year old female patient came with complaint itchy red raised lesion over the face for the past 20days which is gradually started as a small erythematous lesion 0.5 cm size on the right malar region . on exposure to sunlight there was history of increased erythema and burning sensation. However there is no history suggestive of any previous oral ulcers, arthralgia, aggravation of lesion on intake

of spicy foods. No history of loss of weight & loss of apetite. Patient does not have similar history in past, Not a known case of T1DM, hypertension, jaundice & psoriasis with no loss of weight and appetite. She is moderately built & moderately nourished and all systemic examination was within normal limits and no generalized lymphadenopathy.

Cutaneous examination showed well defined erythematous infiltrated plaque of 3x3 cm size on the medial aspect of the right malar region. Oral cavity, nails, palms & soles were normal.
Differential diagnosis of tumid DLE, Jessners lymphocytic infiltration of the skin, polymorphic light eruption, sarcoidosis were considered.

Histopathological findings showed predominantly lower dermal lymphocytic infiltrate concentrated tightly around blood vessels with no evidence of cellular atypia, germinal center, or follicle formation. The epidermis and papillary dermis are relatively normal.

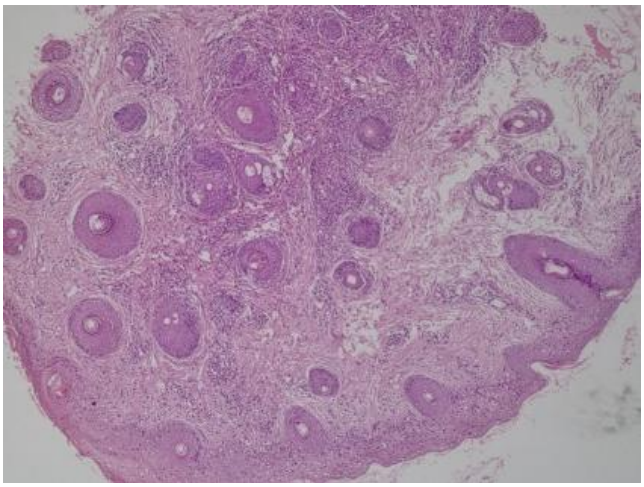

Fig-1Microphotography showing prominent perivascular lymphocytic infiltrate, with a sparing of the epidermis H & E X 100

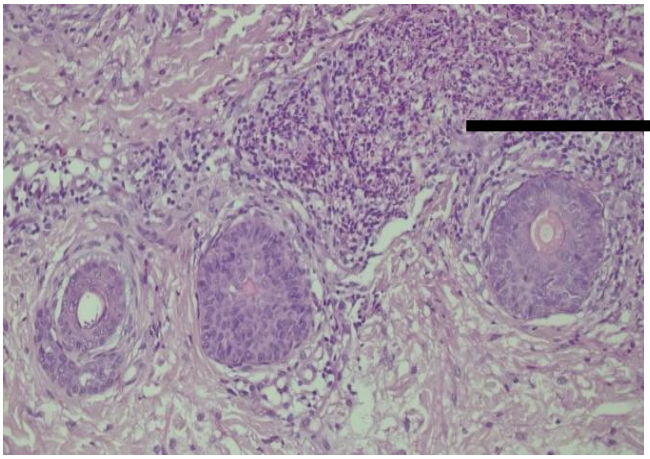

Fig-2Microphotography showing dense lymphocytic infiltrate around the pilosebaceous follicles. H & E X 400

Based on history, clinical features and histopathological findings diagnosis of jessners lymphocytic infiltration of the skin was made.

After confirming the diagnosis, patient was treated with 3 sittings of Injection Triamsinolone acetonide 5mg/ml given intralesionally at an interval of 2 weeks.
By the end of 4th week there is remanents of pigmentation

Baseline **2nd week** **4th week**

DISCUSSION

JLIS, described by Jessner & Kanof in 1953, is known as a benign chronic T-cell infiltrative disorder with lesions persisting for several months or years. Spontaneous remission may be seen, but JLIS has a tendency to relapse. [1]

The incidence of JLIS is unknown, but it is considered uncommon. It mostly affects middle aged adults, with equal incidence in men and women, and very rarely occurs in children.[2]In our case patient is a 10 year female presenting for the first time.

JLIS is characterized by single or multiple erythematous papules or plaques and, less commonly, nodules, typically localized on the face, neck, chest, arms and upper back.[2] Our case also presented with similar features.

The relationship to sun exposure is variable and there is no regional variation in incidence.[2] In our case history of aggravation on exposure to sunlight is present. Whether JLIS is a separate entity, or belongs to the disease spectrum of cutaneous lupus erythematosus or polymorphous light eruption is still a matter of debate, since clinical and histopathological features may overlap in particular with lupus erythematosus tumidus.[3]

One condition that has been controversially identified as a dermal form of lupus erythematosus (LE) is Jessner's lymphocytic infiltration of the skin (JLIS). Predilection for middle-aged females, facial lesions, photosensitivity, lesional shape, lack of systemic involvement, and strong response to antimalarials were among the clinical characteristics that the two entities had in common. Histologically, there was a dermal lymphocytic infiltration and either no epidermal alterations or very little. Comparing JLIS to LE tumidu, the only notable pathological changes were a comparably denser sleeve-like perivascular lymphocytic infiltration and a comparatively lower frequency of epidermal atrophy.[3]

CONCLUSION

This case documents a rare instance of JLIS . There is no definitive treatment for JLIS. Despite the scarcity of published evidence and guidelines, this case indicates that Intralesional injection triamsinolone acetonide 5mg/ml may be considered both safe and efficacious in managing JLIS, without any observed recurrence or adverse effects.

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