



## An Unusual Pseudolymphoma on the Eyelid: Jessner's Lymphocytic Infiltration of the Skin (JLIS)

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### Abstract

Jessner's lymphocytic infiltration of the skin is a benign, unusual skin disorder with unknown etiology. It mostly affects middle-aged adults and very rarely occurs in children. It is typically localized on the head, neck, upper back. The eruption resolves spontaneously after months or a few years but can usually recur in several years. Benign hyperplastic lymphoid pathologies, mainly cutaneous lupus erythematosus with quite similar skin lesions, and malignant lymphoma should be considered in differential diagnosis. Treatment of Jessner's lymphocytic infiltration is unsatisfactory and a variety of empirical treatments with limited success has been tried. In this study, we aimed to report a rare case of Jessner's lymphocytic infiltration on and around the eyelid of a thirty-nine-year-old male patient.

**Key Word:** Jessner's Lymphocytic Infiltration; Eyelid; Pseudolymphoma.

### Göz Kapağında Nadir Bir Psödolenfoma: Jessner'in Lenfositik İnfiltrasyonu (JLIS)

### Özet

Jessner'in lenfositik infiltrasyonu derinin etyolojisi bilinmeyen nadir, benign bir hastalıdır. Sıklıkla orta yaştaki bireylerde baş, boyun ve gövdenin üst kısmında görülmektedir. Çocuklar nadiren etkilenmektedir. Aylarca ya da yıllarca sebat edebilen lezyonlar, kendiliğinden gerileyebilmekte ve genellikle birkaç yıl içinde nüksetme eğilimindedir. Deri lezyonlarının oldukça benzerlik gösterdiği kutanöz lupus eritematozis başta olmak üzere benign lenfoid hiperplastik patolojiler ve malign lenfoma ayırıcı tanıda düşünülmelidir. Jessner'in lenfositik infiltrasyonunun tedavisi tatmin edici değildir ve tedavide sınırlı yararı olan ampirik yöntemler denenmiştir. Bu yazıda nadir bir ortaya çıkış şekli olarak göz kapağı ve çevresine sınırlı lezyonları olan ve Jessner'in lenfositik infiltrasyonu tanısı alan otuz dokuz yaşındaki erkek hastayı sunduk.

**Anahtar Kelimeler:** Jessner'in Lenfositik İnfiltrasyonu; Göz Kapağı; Psödolenfoma.

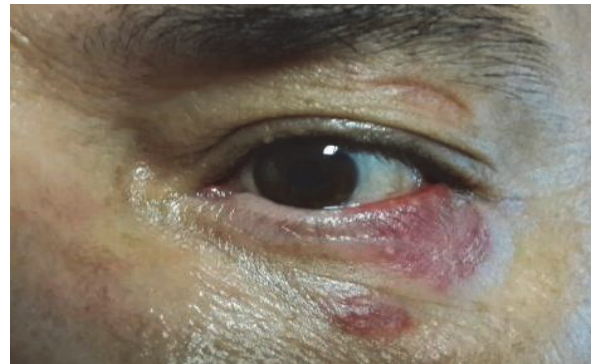
## INTRODUCTION

Jessner's lymphocytic infiltration of the skin (JLIS) was first defined by Jessner and Kanof in 1953 and it is a benign and chronic T-cell lymphoproliferative skin disorder (1). It may equally affect middle-aged men and women alike while there are published reports that claim that the disease may be hereditary (2-4). Often around the face, it affect the arms, neck and back. It usually begins with superficially expanding papules; these are well-circumscribed, asymptomatic lesions that are characterized by red plaques (1,5,6). Although lesions may heal themselves, they have a tendency to relapse. In this article, it is our aim to present the case of a rare JLIS patient with lesions on and around the eyelid.

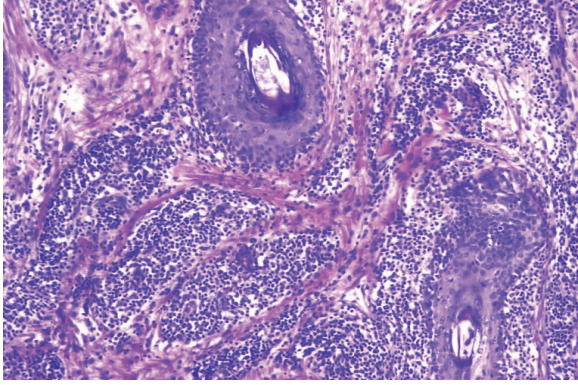
## CASE REPORT

A thirty-nine-year-old male patient presented with redness on his lower left eyelid that had been present for a few months. Previously, the patient had been admitted to several clinics and had ointment treatment containing steroids and antibiotics without any decline in his complaints. The examination showed that his visual acuity was full in both eyes. The anterior and posterior segment examination of both eyes was also

unproblematic. Starting from the left lower eyelid and extending to the lateral canthus, there was a 10x12 mm erythematous, fluffy, and plaque-like lesion neighbouring a similar 4,5x3mm lesion towards the lower nasal section (Figure 1). The biopsy conducted resulted in JLIS diagnosis (Figure 2). The patient was consulted to the Dermatology clinic and we performed an intralesional steroid injection. Within two weeks, we observed shrinkage in the borders of the lesion and a certain amount of crusting.



**Figure 1.** Erythematous and plaque-like lesion on and around the eyelid.



**Figure 2.** Histopathological evaluation of the lesion sample (H&EX10); well-circumscribed, perivascular lymphocytic infiltrations.

## DISCUSSION

Jessner's lymphocytic infiltration of the skin is a skin disease etiology is unknown which characterized by erythematous papules and plaques on the head, neck and upper part of the body (1,5,6). Rare in its nature, there is no data in the literature about the frequency of the disease. The disease is usually seen in middle-aged people although children may be affected, too (3,7). Lesions may persist for several months or even a year and then regress while they also tend to recur spontaneously in the same place or elsewhere. JLIS is often asymptomatic but it can sometimes bring about symptoms such as burning and itching (8).

The disease is similar to skin lesions seen especially in cutaneous lupus erythematosus (7). In addition to benign hyperplastic lymphoid pathologies such as follicular B-cell lymphoma, cutaneous lymphoid hyperplasia, and erythema multiforme, malignant lymphocytic lymphoma can be considered in the differential diagnosis of the disease (9). Histopathologically JLIS consists of dermal perivascular lymphocytic infiltrations in which small, mature sheath-like polyclonal lymphocytes are predominant without any epidermal invasion (7,10). Intralesional steroid injection, systemic corticosteroids, antimalarial (4-aminoquinoline) drugs, tetracycline, thalidomide, phototherapy, cryotherapy, methotrexate, and topical calcineurin inhibitors (tacrolimus, pimecrolimus) are among the suggested treatment methods for Jessner's lymphocytic infiltration of the skin while surgical excision has been proposed as an option for patients with limited lesions (8,11-13). Many of these

treatment options have limited benefits, and therefore they come with a high recurrence rate after the treatment. Methotrexate and topical calcineurin inhibitors have been reported to have a higher success rate (8,13).

Although one of the most frequent areas for Jessner's lymphocytic infiltration is the face around the entire skin, its emergence on and around the eyelids is rare. Keeping its rarity in mind, practitioners should consider JLIS in the differential diagnosis of erythematous lesions affecting the eyelids.

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