



JESSNER LYMPHOCYTIC INFILTRATE POST COVID VACCINATION.

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ABSTRACT

Jessner-Kanof lymphocytic infiltrate is a rare benign chronic T cell infiltrative disease characterized by multiple tumid erythematous papules, plaques and nodules predominantly on sun exposed sites like face, neck and upper back. Etiology of Jessner lymphocytic infiltrate is unknown but autoimmunity, *Borrelia burgdorferi* infection may have a possible role. There is a case report of Jessner lymphocytic infiltrate after third dose of bee venom immunotherapy in hymenoptera venom anaphylaxis. Here, we report a case of 27 year married female who presented with multiple erythematous plaques and few nodules on face, neck and upper back after 2 days of second dose of covishield vaccine. Clinical and histopathological correlation confirmed the diagnosis of Jessner-Kanof lymphocytic infiltrate. Skin biopsy revealed dense perivascular and periadnexal lymphocytic infiltrates in the dermis. Dermatological manifestations with covid vaccines are few in clinical volunteers but have been increasing since mass vaccination has started. A few side effects like urticaria, erythema and edema at injection site, pityriasis rosea, covid toes, systemic lupus erythematosus, rheumatoid arthritis have been reported after covid vaccination.

KEYWORDS : Jessner lymphocytic infiltrate, covid vaccination, tumid erythematous papules.

INTRODUCTION:

Jessner lymphocytic infiltrate of the skin is a benign T cell infiltrative disease, first described by Jessner and Kanof in 1953⁽¹⁾. It usually presents with recurrent asymptomatic erythematous papules or plaques predominantly on sun exposed sites. Although lesions resolve spontaneously, remissions and recurrences are quite common. Though varied treatment options have been tried but with limited success. After mass covid vaccination, diverse dermatological side effects have been reported. Here, we report a case of Jessner lymphocytic infiltrate after covid vaccination.

Case Report:

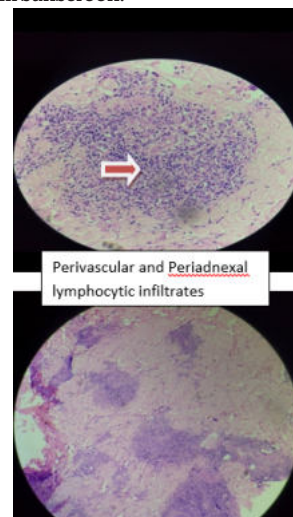
A 27 year old married female presented with chief complaints of non itchy red raised lesions on the face, neck and upper back 2 days after second dose of covishield vaccine.

Patient first developed fever of low grade, intermittent in nature on first day of 2nd dose of covishield vaccine (Patient had history of only mild itching without fever after first dose of vaccination). History of burning sensation of skin lesions on exposure to sunlight was present. No history of oral ulcers, arthralgias and drug intake prior to the onset of lesions. No history of nasal stuffiness and slippage of footwear. On cutaneous examination, multiple tumid erythematous papules, plaques and nodules are seen on forehead, both cheeks, neck, upper back. Oral and genital mucosa are normal. Hair and nails are normal.



Differential diagnosis include papular pityriasis rosea, erythema nodosum leprosum, tumid lupus erythematosus, Jessner lymphocytic infiltrate.

Skin biopsy was done and histopathology revealed periadnexal and perivascular mononuclear infiltrate predominantly consisting of lymphocytes along with few plasma cells and histiocytes in the dermis, which suggests the diagnosis of Jessner lymphocytic infiltrate. Fite faraco stain was done to rule out leprosy. Direct immunofluorescence test was negative. Patient was treated with oral prednisolone 30 mg once daily and hydroxychloroquine 200mg once daily with broad spectrum sunscreen.



DISCUSSION:

Jessner lymphocytic infiltrate of the skin is a rare benign T cell infiltrative disorder characterized by asymptomatic solitary or multiple non-scaly erythematous papules, plaques and nodules predominantly on sun exposed sites. Most common sites includes malar area of the face and upper back⁽²⁾.Forehead, neck, mastoid region, arms may also be involved. Etiology is unknown but autoimmunity, *Borrelia burgdorferi* infection may have a possible role. There are recent reports of Jessner lymphocytic infiltrate after ACE inhibitors, Glatiramer^(3,4), bee venom immunotherapy, etanercept⁽⁵⁾.It affects mostly adults of less than 50 years. Familial occurrence has been reported⁽⁶⁾.There is exacerbation of disease in winters or with emotional stress.It can be differentiated from Discoid lupus erythematosus by the absence of follicular plugging and Negative DIF, mycosis fungoides by the absence of epidermotrophism, Lymphocytoma cutis by the absence of nodular aggregates of B cells with germinal centre, ENL by absence of neutrophilic infiltrates. Though varied treatment options like topical, oral, intralesional steroids, sunscreens, oral hydroxychloroquine, methotrexate⁽⁷⁾,thalidomide⁽⁸⁾ are available yet remissions and exacerbations are common. Most frequent side effects after any vaccination include erythema, pain and induration at injection site. In addition to the above mentioned side effects after covid mass vaccination, few cases of covid toes,pityriasis rosea and autoimmune diseases like systemic lupus erythematosus and rheumatoid arthritis have been reported.

CONCLUSION :

Jessner lymphocytic infiltrate, a rare disorder,is an unanticipated finding in this patient after covishield vaccination.The possibility of such reportings need to be evaluated in the general population during the current mass covid vaccination.

REFERENCES:

1. Jessner M, Kanof NB. Lymphocytic infiltration of the skin. *Arch Dermatol*. 1953. 68:447-9.
2. Wolf M. Lymphocytic infiltration of the face. *Arch Dermatol*. 1957. 75:136.
3. Schepis C, Lentini M, Siragusa M, Batolo D. ACE-inhibitor-induced drug eruption resembling lymphocytic infiltration (of Jessner-Kanof) and Lupus erythematosus tumidus. *Dermatology*. 2004. 208(4):354-5.
4. Nolden S, Casper C, Kuhn A, Petereit HF. Jessner-Kanof lymphocytic infiltration of the skin associated with glatiramer acetate. *Mult Scler*. 2005 Apr. 11(2):245-8.
5. Abbad N, Lanal T, Brenuchon C, Morel G, Deprez X. Etanercept-induced lymphocytic infiltration of Jessner-Kanof. *Arthritis Rheumatol*. 2017 Oct 12. .
6. Dippel E, Poenitz N, Klemke CD, Orfanos CE, Goerd S. Familial lymphocytic infiltration of the skin: histochemical and molecular analysis in three brothers. *Dermatology*. 2002. 204(1):12-
7. Laurinaviciene R, Clemmensen O, Bygum A. Successful treatment of Jessner's lymphocytic infiltration of the skin with methotrexate. *Acta Derm Venereol* . 2009;89(5):542-3.1
8. Wu JJ, Huang DB, Pang KR, Hsu S, Tyring SK. Thalidomide: dermatological indications, mechanisms of action and side-effects. *Br J Dermatol*. 2005 Aug. 153(2):254-73.