

Lymphadenopathy Pathway

Clinical Assessment/ Management too for Children with Lymphadenopathy



Management - Acute Setting

LYPHADENOPATHY (LAN) IN CHILDREN

Also think about ... TB

Is there a history of TB exposure, travel to a high risk area - discuss concern with local infectious disease specialist.

Table 1

| | Green – Low risk | Amber – Intermediate risk | Red – high risk |
|-------------|--|---|--|
| Size | Less than 2cm | Lymphadenitis / lymph node abscess – painful, tender unilateral LN swelling. Overlying skin may be red/hot. May be systemically unwell with fever. EBV – cervical or generalised LAN, exudative pharyngitis, fatigue, headache +/- hepatosplenomegaly. Atypical mycobacterial infection – non-tender, unilateral LN enlargement, systemically well. Most common between 1-5 years of age. Progresses to include overlying skin discolouration. Consider mycobacterium tuberculosis – any risk factors? Cat-scratch disease – usually axillary nodes following scratch to hands in previous 2 weeks. Highest risk with kittens. | Larger than 2cm and growing |
| Site | Cervical, axillary, inguinal | | Supraclavicular or popliteal nodes especially concerning |
| History | Recent viral infection or immunisation | | Fever, weight loss, night sweats, unusual pain, pruritis |
| Examination | Eczema, Viral URTI | | Hepatosplenomegaly, pallor, unexplained bruising |

Reactive LAN

- Reassure parents that this is normal - improves over 2-4 weeks but small LNs may persist for years
- No tests required
- Provide **advice leaflet**

LAN due to poorly controlled eczema

- Generalised LAN extremely common
- Optimise eczema treatment.
- If persists, check full blood count and blood film and/ or **refer to general paediatric** out - patients
- Provide **advice leaflet**

Actions

- If lymphadenitis, treat with 7 days of co-amoxiclav .
- Review progress after 48 hours. If remains febrile, may need drainage
- If systemically unwell or suspected LN abscess, **phone paediatrician-on-call**.
- If suspected atypical mycobacterial infection associated with disfigurement, refer to ENT clinic.
- Consider blood tests as appropriate such as full blood count, blood film, EBV serology
- Consider TB testing
- Provide **advice leaflet**

Differential includes malignancy (leukaemia / lymphoma) and rheumatological conditions (JIA / SLE / Kawasaki disease)

- **Urgent referral to paediatric team**
- Consider FBC, U+E, LDH, EBV serology, CRP and blood culture.

GMC Best Practice recommends: Record your findings (See "Good Medical Practice" <http://bit.ly/1DPX12b>)

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