Lymphadenopathy Pathway

Clinical assessment/management tool for children with Lymphadenopathy

Management – Primary Care and Community Settings



		LYMPHADENOPATHY (LAN) IN CHILDREN	Also think aboutTB Is there a history of TB exposure, travel to a high risk area - discuss concern with local infectious disease specialist.
	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	Larger than 2cm and growing
Site	Cervical, axillary, inguinal	 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. Amber Action 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 TB testing Provide advice leaflet 	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
Green Action • 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 <u>advice leaflet</u>		Differential includes malignancy (leukaemia / lymphoma) and rheumatological conditions (JIA / SLE / Kawasaki disease) • Urgent referral to paediatric team