# Lymphadenopathy Pathway

Clinical assessment/management tool for children with Lymphadenopathy

## Management – Primary Care and Community Settings





## LYMPHADENOPATHY (LAN) IN CHILDREN

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

	Green – low risk
Size	Less than 2cm
Site	Cervical, axillary, inguinal
History	Recent viral infection or immunisation
Examination	Eczema, Viral URTI

### Amber – intermediate risk

**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.

## Red – high risk

Larger than 2cm and growing

Also think about...TB

Supraclavicular or popliteal nodes especially concerning

Fever, weight loss, night sweats, unusual pain, pruritis

Hepatosplenomegaly, pallor, unexplained bruising

# 1

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

• Urgent referral to paediatric team

### **Green Action**

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

#### **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 blood tests as appropriate such as full blood count, blood film, EBV serology
- Consider TB testing
- Provide <u>advice leaflet</u>