Lymphadenopathy Pathway

Clinical assessment/management tool for children with Lymphadenopathy

Management – Primary Care and Community Settings





LYMPHADENOPATHY (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.

	GREEN – Low risk	AMBER – Intermediate risk	RED- High risk
Size Site History	Less than 2cm	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
Examination	Cervical, axillary, inguinal		Supraclavicular or popliteal nodes especially concerning
Size Site History	Recent viral infection or immunisation		Fever, weight loss, night sweats, unusual pain, pruritis
Examination	Eczema, Viral URTI		Hepatosplenomegaly, pallor, unexplained bruising

Green Actions

- •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

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>

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

Urgent referral to paediatric team