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	
Size Site History	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	
Examination	Cervical, axillary, inguinal		
Size Site History	Recent viral infection or immunisation		
Examination	Eczema, Viral URTI		

Green Actions	LAN due to poorly controlled	
	eczema	Amber 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 leaflet</u> 	 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 	 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- If suspected atypical mycobacterial infection associated with disfigure clinic. Consider blood tests as appropriate such as full blood count, blood for Consider TB testing Dravide achieve logget
	1 ————————————————————————————————————	Provide <u>advice leaflet</u>

This guidance has been reviewed and adapted by healthcare professionals across HWE with consent from the Healthier Together Steering Group.

This document was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, EBM data and NHS evidence, as applicable. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient in consultation with the patient and / or carer.

-on-call.

urement, refer to ENT

film, EBV serology



RED– High risk

Larger than 2cm and growing

Supraclavicular or popliteal nodes especially concerning

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

Hepatosplenomegaly, pallor, unexplained bruising



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

Urgent referral to paediatric team