# 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 | Less than 2cm | **Lymphadenitis / lymph node abscess** – painful, tender unilateral LN swelling. Overlying skin may be red/hot. May be systemically unwell with fever.<br>**EBV** – cervical or generalised LAN, exudative pharyngitis, fatigue, headache +- hepatosplenomegaly.<br>**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?<br>**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 |

**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 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 advice leaflet

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

- Urgent referral to paediatric team