

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.

Table 1

	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. 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. Cat-scratch disease – usually axillary nodes following scratch to hands in previous 2 weeks. Highest risk with kittens. Consider mycobacterium tuberculosis – any risk factors**?	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

Reactive LAN

- Reassure parents that this is normal - improves over 2-4 weeks but small LNs may persist for years
- No tests required
- Ultrasound **not** 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](#)

Actions

- If systemically unwell or suspected LN abscess, [phone paediatrician-on-call](#).
- If lymphadenitis, treat with 7 days of Co-amoxiclav . Review progress after 48 hours. If remains febrile, may need drainage
- If suspected atypical mycobacterial infection associated with disfigurement, [routine referral to ENT clinic](#).
- Consider blood tests as appropriate such as full blood count, blood film, EBV serology. An USS neck organised in primary care is **not** required*
- Consider TB testing if known contact / risk factors or refer to local TB service
- Provide [advice leaflet](#)

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

- [Urgent referral to paediatric team](#)

*Why no ultrasound?

Ultrasound of lymph nodes is not usually helpful to guide decision making in primary care. Experience has shown this has very low yield - if you are still considering one please discuss with local paediatrician first