

Lymphadenopathy Pathway

Clinical assessment/management tool for children with Lymphadenopathy

Management - Primary Care and Community Settings



Priorities of clinical assessment

Clinical assessment/management tool for children with Lymphadenopathy

Also consider TB

Is there a history of TB exposure or 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	<p>Lymphadenitis / lymph node abscess – painful, tender unilateral LN swelling. Overlying skin may be red/hot. May be systemically unwell with fever.</p> <p>EBV – cervical or generalised LAN, exudative pharyngitis, fatigue, headache +/- hepatosplenomegaly.</p> <p>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?</p> <p>Cat-scratch disease – usually axillary nodes following scratch to hands in previous 2 weeks. Highest risk with kittens.</p>	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	LAN due to poorly controlled eczema	AMBER ACTION	RED 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	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-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 Home Paediatric Antimicrobial Stewardship - UK (uk-pas.co.uk)	Differential includes malignancy (leukaemia/lymphoma) and rheumatological conditions (JIA/SLE/Kawasaki disease) Urgent referral to Paediatric team

	Green – low risk	Amber – intermediate risk	Red – high risk
Size	Less than 2cm	<p>Lymphadenitis/lymph node abscess – painful, tender unilateral LN swelling. Overlying skin may be red/hot. May be systemically unwell with fever.</p> <p>EBV – cervical or generalised LAN, exudative pharyngitis, fatigue, headache +/- hepatosplenomegaly.</p> <p>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?</p> <p>Cat-scratch disease – usually axillary nodes following scratch to hands in previous 2 weeks. Highest risk with kittens.</p>	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

