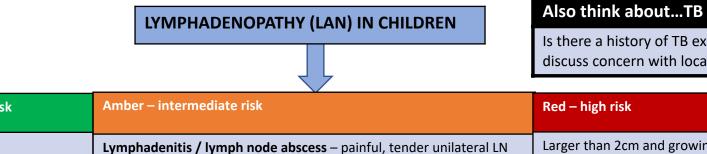
Lymphadenopathy Pathway

Clinical assessment/management tool for children with Lymphadenopathy

Healthier Together

Management – Primary Care and Community Settings



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 LNswelling. Overlying skin may be red/hot. May be systemically unwellwith fever.EBV – cervical or generalised LAN, exudative pharyngitis, fatigue,headache +- hepatosplenomegaly.Atypical mycobacterial infection – non-tender, unilateral LNenlargement, systemically well. Most common between 1-5 years ofage. Progresses to include overlying skin discolouration. Considermycobacterium 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
		Cat-scratch disease – usually axillary nodes following scratch to hands in previous 2 weeks. Highest risk with kittens.	
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	 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 	Differential includes malignancy (leukaemia / lymphoma) and rheumatological conditions (JIA / SLE / Kawasaki disease) • Urgent referral to paediatric team
	 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 		
	e Frovide <u>advice leallet</u>	Consider TB testing Provide <u>advice leaflet</u>	