

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	Lymphadenitis / lymph node abscess – painful, tender unilateral LN swelling. Overlying skin may be red/hot. May be systemically unwell with fever.	Larger than 2cm and growing
Site	Cervical, axillary, inguinal	EBV – cervical or generalised LAN, exudative pharyngitis, fatigue, headache +/- hepatosplenomegaly.	Supraclavicular or popliteal nodes especially concerning
History	Recent viral infection or Immunisation	Atypical mycobacterial infection – non-tender, unilateral LN enlargement, systemically well. Most common between 1-5 years of age. Progresses to include overlying skin discoloration. Consider mycobacterium tuberculosis – any risk factors?	Fever, weight loss, night sweats, unusual pain, pruritis
Examination	Eczema, Viral URTI	Cat-scratch disease – usually axillary nodes following scratch to hands in previous 2 weeks. Highest risk with kittens.	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

