<table>
<thead>
<tr>
<th>Table 1</th>
<th>Green – Low risk</th>
<th>Amber – Intermediate risk</th>
<th>Red – high risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Size</strong></td>
<td>Less than 2cm</td>
<td>Lymphadenitis / lymph node abscess – painful, tender unilateral LN swelling. Overlying skin may be red/hot. May be systemically unwell with fever.</td>
<td>Larger than 2cm and growing</td>
</tr>
<tr>
<td><strong>Site</strong></td>
<td>Cervical, axillary, inguinal</td>
<td>EBV – cervical or generalised LAN, exudative pharyngitis, fatigue, headache + - hepatosplenomegalay. 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?</td>
<td>Supraclavicular or popliteal nodes especially concerning</td>
</tr>
<tr>
<td><strong>History</strong></td>
<td>Recent viral infection or immunisation</td>
<td>Cat-scratch disease – usually axillary nodes following scratch to hands in previous 2 weeks. Highest risk with kittens.</td>
<td>Fever, weight loss, night sweats, unusual pain, pruritis</td>
</tr>
<tr>
<td><strong>Examination</strong></td>
<td>Eczema, Viral URTI</td>
<td></td>
<td>Hepatosplenomegalay, pallor, unexplained bruising</td>
</tr>
</tbody>
</table>

**Reactive LAN**
- 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
- Check eczema treatment being administered as prescribed.
- If LAN persists despite eczema treatment being administered as prescribed, refer to primary care for review
- Provide advice leaflet

**Actions**
- Refer to primary care for review

**Differential includes malignancy (leukaemia / lymphoma) and rheumatological conditions (JIA / SLE / Kawasaki disease)**
- Urgent referral to GP / OOH primary care service

---

### LYMPHADENOPATHY (LAN) IN CHILDREN

- **Green – Low risk**
  - Size: Less than 2cm
  - Site: Cervical, axillary, inguinal
  - History: Recent viral infection or immunisation
  - Examination: Eczema, Viral URTI

- **Amber – Intermediate risk**
  - Lymphadenitis / lymph node abscess – painful, tender unilateral LN swelling. Overlying skin may be red/hot. May be systemically unwell with fever.
  - Site: Cervical, axillary, inguinal
  - History: Recent viral infection or immunisation
  - Examination: Eczema, Viral URTI

- **Red – high risk**
  - Size: Larger than 2cm and growing
  - Site: Cervical, axillary, inguinal
  - History: Recent viral infection or immunisation
  - Examination: Eczema, Viral URTI

---

**Also think about ... TB**
- Is there a history of TB exposure, travel to a high risk area - discuss concern with local infectious disease specialist.

---

**GMC Best Practice recommends:** Record your findings (See "Good Medical Practice" [http://bit.ly/1DPXl2b])

---

This document was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, EBM data and NHS evidence, as applicable. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. This guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient in consultation with the patient and / or carer.

---

This guidance was written in collaboration with the SE Coast SCN and involved extensive consultation with healthcare professionals in Wessex.

---

---