LYMPHADENOPATHY (LAN) IN CHILDREN

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

Amber – Intermediate risk
- Size Less than 2cm
- Site Cervical, axillary, inguinal
- History Recent viral infection or immunisation
- Examination Eczema, Viral URTI
- Differential includes malignancy (leukaemia / lymphoma) and rheumatological conditions (JIA / SLE / Kawasaki disease)

Red – high risk
- Size Larger than 2cm and growing
- Site Supraclavicular or popliteal nodes especially concerning
- History Fever, weight loss, night sweats, unusual pain, pruritis
- Examination Hepatosplenomegaly, pallor, unexplained bruising

Actions
- 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.

Reactive LAN
- 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

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

REACTIVATION Lymphadenopathy
- 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

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

Larger than 2cm and growing
- Supraclavicular or popliteal nodes especially concerning
- Fever, weight loss, night sweats, unusual pain, pruritis
- Hepatosplenomegaly, pallor, unexplained bruising

Differential includes malignancy (leukaemia / lymphoma) and rheumatological conditions (JIA / SLE / Kawasaki disease)
- Urgent referral to paediatric team

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
- Optimise eczema treatment.
- If persists, check full blood count and blood film and/or refer to general paediatric out - patients
- Provide advice leaflet

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

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

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

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. The 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.