**LYMPHADENOPATHY (LAN) IN CHILDREN**

**Table 1**

<table>
<thead>
<tr>
<th>Size</th>
<th>Green – Low risk</th>
<th>Amber – Intermediate risk</th>
<th>Red – high risk</th>
</tr>
</thead>
<tbody>
<tr>
<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>
<td></td>
</tr>
<tr>
<td>Cervical, axillary, inguinal</td>
<td>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?</td>
<td>Supraclavicular or popliteal nodes especially concerning</td>
<td></td>
</tr>
<tr>
<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>
<td></td>
</tr>
<tr>
<td>Eczema, Viral URTI</td>
<td>Differential includes malignancy (leukaemia / lymphoma) and rheumatological conditions (JIA / SLE / Kawasaki disease)</td>
<td>Hepatosplenomegaly, pallor, unexplained bruising</td>
<td></td>
</tr>
</tbody>
</table>

**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**

- 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.

**Also think about ... TB**

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