

Lymphadenopathy

Definition

Lymphadenopathy is defined as increased in size of lymph nodes. Normal lymph nodes are usually less than 1 cm in diameter.

Causes

Localised lymphadenopathy usually results from local infection or neoplasm. Generalized lymphadenopathy may results from systemic causes, especially when symmetrical, as well as infection or neoplasm.

A table of the most common causes is below.

Cause	Examples	
Infections	Bacterial	Streptococcal pharyngitis, skin infections
	Viral	HIV, EBV. HSV, mumps, measles, rubella, hep B
	Mycobacterium	TB, atypical mycobacterium
	Fungal etc	Histoplasmosis, toxoplasmosis, lyme disease
Malignancy	SCC (esp head & neck), lymphoma, leukaemia	
Endocrine	Hypothyroidism, Addison's disease	
Miscellaneous	Sarcoidosis, SLE, RA	
Immunological	Drug reactions, serum sickness	

Table 1 Common causes of lymphadenopathy

Clinical History

The history in a patient with lymphadenopathy should focus upon the following:

- Localizing signs or symptoms suggesting infection or malignancy
- Exposures likely to be associated with infection:
 - high risk behaviour (eg sexual behaviour)
 - IVDU
 - cat scratches
 - undercooked meat (toxoplasmosis)
 - tick bite (Lyme disease)
- Constitutional symptoms such as B symptoms (fever >38 , drenching night sweats, or weight loss $>10\%$) suggesting tuberculosis, lymphoma, or other malignancy
- Time course of lymphadenopathy and if they are progressive

Laboratory Tests

Useful tests include:

- FBC and blood film
- Inflammatory markers (CRP, ESR)
- Screening for infectious mononucleosis (Monospot test) and serological testing for other viruses.
- Autoimmune screen

If the FBC is abnormal (eg lymphocytosis, anaemia), splenomegaly is present or B symptoms are reported please discuss with a haematologist.

If there is a clinical suspicion of metastatic cancer or a systemic illness, radiological investigations can be helpful. This may include a CXR (TB, sarcoidosis), USS of affected area, CT chest, abdomen and pelvis (lymphoma).



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Management

Patients with small localized lymphadenopathy could be observed for three to four weeks if there is nothing else in the history and physical examination to suggest malignancy.

If a malignancy is suspected, arrange early referral for biopsy and histologic diagnosis. Lymphadenopathy which require early referral include:

- progressive or persistent lymphadenopathy (>6 weeks)
- lymphadenopathies >2 cm
- increase in size of lymphadenopathy
- non-tender lymphadenopathies
- widespread adenopathy
- associated splenomegaly, night sweats, weight loss
- if no obvious cause

References

NICE Guidelines: referral guidelines for suspected cancer
<http://www.nice.org.uk/nicemedia/pdf/cg027niceguideline.pdf>