

# Lymphadenopathy Pathway

Clinical assessment/management tool for children with Lymphadenopathy



## Management – Primary Care and Community Settings

### LYMPHADENOPATHY (LAN) IN CHILDREN

**Also think about...TB**  
Is there a history of TB exposure, 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                          | <p><b>Lymphadenitis / lymph node abscess</b> – painful, tender unilateral LN swelling. Overlying skin may be red/hot. May be systemically unwell with fever.</p> <p><b>EBV</b> – cervical or generalised LAN, exudative pharyngitis, fatigue, headache +/- hepatosplenomegaly.</p> <p><b>Atypical mycobacterial infection</b> – 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?</p> <p><b>Cat-scratch disease</b> – usually axillary nodes following scratch to hands in previous 2 weeks. Highest risk with kittens.</p> | Larger than 2cm and growing                              |
| Site        | Cervical, axillary, inguinal           |  | Supraclavicular or popliteal nodes especially concerning |
| History     | Recent viral infection or immunisation |  | Fever, weight loss, night sweats, unusual pain, pruritis |
| Examination | Eczema, Viral URTI                     |  | Hepatosplenomegaly, pallor, unexplained bruising         |

**Green 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](#)

**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](#)

**Amber Action**

- 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](#)

**Differential includes malignancy (leukaemia / lymphoma) and rheumatological conditions (JIA / SLE / Kawasaki disease)**

- Urgent referral to paediatric team