Lymphadenopathy Pathway

Clinical Assessment/ Management tool for Children with Lymphadenopathy

Management - Acute Setting

LYMPHADENOPATHY (LAN) IN CHILDREN

Think about … TB

[NICE high risk criteria]
Known TB exposure, travel to a high risk area, recent migration from high risk countries

	Green – Low risk	Amber – Intermediate risk	Red – high risk
Size	Less than 2cm	**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.	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 Age >10 years
Examination	Eczema, Viral URTI		Hepatosplenomegaly, pallor, unexplained bruising Septic appearing

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 is extremely common
- Optimise eczema treatment
- If persists, check full blood count and blood film
- **Consider paediatric outpatient review** (GP to refer)
- Provide advice leaflet

Actions

- If lymphadenitis, treat with 7 days of co-amoxiclav and ensure parents have an advice leaflet , should seek review at 48 hours if not improving
- If systemically unwell **refer on-call Paediatric**
- If suspected LN abscess refer to **Paeds and ENT**
- Consider blood tests if EBV most likely to include FBC, blood film and EBV serology **or** if no response to antibiotics at 48 hours
- **Consider TB testing** in high risk groups, liaise with Paeds prior

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

- Consider FBC, U+E, LDH, EBV serology, CRP, ESR and blood culture.
- **Urgent referral to On-call Paediatrics unless PEM Cons present**

Version 1: November 2017. Reviewed August 2025. Review Date: August 2028