

LYMPHADENOPATHY – GP REFERRAL GUIDELINES

Introduction

Lymphadenopathy occurs in a range of infective and neoplastic conditions and may be isolated, involving a single node or nodes within an anatomical grouping, or generalised. Isolated lymphadenopathy frequently results from local infection or neoplasia. Suspicions of lymphoma should be heightened by the presence of generalised, progressive or painful lymphadenopathy, hepatosplenomegaly or accompanying 'B' symptoms (>10% weight loss in 6 months, soaking sweats, unexplained fevers).

The following should be referred urgently for outpatient assessment:

- Lymphadenopathy >1 cm persisting for >6 weeks with no obvious infective precipitant
- Lymphadenopathy for <6 weeks in association with:
 - B symptoms (weight loss >10%, soaking sweats, unexplained fever)
 - hepatic or splenic enlargement
 - rapid nodal enlargement
 - disseminated / generalised nodal enlargement
 - anaemia / leucopenia / thrombocytopenia
 - hypercalcaemia

Solitary neck nodes should generally be referred for ear, nose and throat assessment in the first instance while isolated axillary or groin nodes should be referred to general surgery

Appropriate investigation in primary care for patients not meeting criteria for urgent referral:

- FBC with a blood film FAO Consultant Haematologist
- Biochemistry
- Glandular fever screen
- Consider CXR