GP lymph node pathway

Diagnostic approach – History & Examination
For detailed guidance – please refer to:

History:
The history may be diagnostic, suggestive, or non-diagnostic of the cause of lymphadenopathy. The key aspects of the patient history that aid in the diagnostic work-up and in the differential diagnosis are:

- Age of the patient: higher risk – patients older than 50 years
- Symptoms of infection: include pharyngitis, conjunctivitis, skin ulceration, localised tenderness, genital sores or discharge, fever and night sweats
- Symptoms of metastatic malignancy: with knowledge of the patterns of regional lymph node drainage, constitutional symptoms of malignancy such as weight loss and night sweats may be associated with localised symptoms such as difficulty in swallowing, hoarseness and pain (in head and neck cancer), cough and haemoptysis (in lung cancer)
- Constitutional or B symptoms: fever, night sweats and/or unexplained weight loss greater than 10% of bodyweight over 6 months are concerning for lymphoma
- Epidemiological clues: exposure to pets, occupational exposures, recent travel or high-risk behaviours may suggest specific disorders
- Medication history: drug hypersensitivity (e.g., to phenytoin) is a common cause of lymphadenopathy.
- Duration of lymphadenopathy: persistent lymphadenopathy (more than 4 weeks) is indicative of chronic infection, collagen vascular disease or underlying malignancy, whereas localised lymphadenopathy of brief duration often accompanies some infections (e.g., infectious mononucleosis and bacterial pharyngitis).

Physical examination
The most important physical examination findings are lymph node size, consistency, mobility and distribution:

1. Size: lymph node size varies according to their location. For example, inguinal lymph nodes may be as large as 2 cm in healthy individuals. The significance of enlarged lymph nodes must be viewed in the context of their location, duration and associated symptoms, and the age and gender of the patient. As a general rule, lymph nodes measuring less than 1 cm are rarely of clinical significance. In contrast, lymph nodes greater than 2 cm that are persistent for more than 4 weeks should be thoroughly evaluated.

2. Consistency: in general, lymph node consistency should not be used to distinguish between malignant and benign aetiologies. However, rock-hard nodes are seen more commonly with malignancies, whereas tender nodes often suggest an inflammatory disorder.

3. Mobility: fixed or matted nodes suggest metastatic carcinoma, whereas freely movable nodes may occur in infections, collagen vascular disease and lymphoma.

4. Distribution: in most cases, generalised lymphadenopathy is a sign of systemic disease, especially when associated with splenomegaly. In certain locations, localised lymphadenopathy can provide clues for the possible underlying aetiology. Inguinal lymph nodes may occasionally be enlarged in healthy individuals, whereas enlarged supraclavicular lymph nodes are concerning for underlying malignancy or infection. The distribution of lymphadenopathy may be localised (enlarged lymph nodes in one region); regional (enlarged lymph nodes in 2 or more contiguous regions); or generalised (enlarged lymph nodes in 2 or more non-contiguous regions).

If the estimated risk for malignancy is low, patients with localised lymphadenopathy and non-diagnostic initial studies are observed for 3 to 4 weeks.

When malignancy is suspected, the first-line investigation is lymph node excision biopsy and histological examination.
In Summary:

Generalised lymphadenopathy - Are there features of Non-Hodgkins Lymphoma?

- Night sweats, weight loss, generalised itching, alcohol induced pain
- Consider non-malignant causes eg HIV/EBV/CMV/Toxoplasmosis, Sarcoid etc.

Local Lymphadenopathy - consider local infection/inflammation then follow pathway below.

Borderline LN

Consider
Ultrasound

If suspicious but does not fulfil 2 week rule refer urgently to appropriate specialty (as per definite LN pathway)

Definitely enlarged LN - clinically or imaging proven

Generalised LN

Refer on 2 week rule to haematology

Check urgent FBC

If Lymphoma associated symptoms please check HIV/EBV/CMV/TOXO

Localised LN

Head and neck

Refer to ENT on 2 week rule

Arrange Urgent Chest X-ray

Axilla

Refer to breast team on 2 week rule

Groin or abdominal nodes

Refer to haematology on 2 week rule

Mediastinal/hilar nodes

Refer to respiratory on 2 week rule

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