

# Guidelines for GP referral and further investigations of patients with Lymphadenopathy

## Significant lymphadenopathy (size >2cm)

**\*\*Glandular fever can cause significant lymphadenopathy, need to consider and look for signs and symptoms\*\***

### Other causes:

- Acute or chronic bacterial infection – most importantly TB Syphilis
- Viral infections – HIV, EBV, CMV
- Autoimmune conditions – ALPS, SLE, JIA, Castleman disease
- Malignancy – leukaemia/lymphoma/metastatic node

- History – look for B symptoms\*
- Examination – look for organomegaly
- Bloods – FBC, blood film, ESR, CRP, U+E, Reticulocytes (if increased then DAT), LFT, LDH, Igs, virology

Unwell  
Signs and symptoms of superior mediastinal syndrome (i.e. respiratory distress, hoarseness of voice, rapidly enlarging LN surrounding neck)  
Leuco-erythroblastic film

**Consider immediate referral to A&E**

B symptoms \*(weight loss >10% over 6 months, drenching night sweats, fever)  
Generalized lymphadenopathy (more than 2 non-contiguous LN enlargement)  
Rapidly increasing in size  
Liver or spleen enlargement  
Cytopenias

**Consider urgent 2 WW referral to Haematology**

**Localised unexplained adenopathy  
Or  
Concerns of metastatic node**

**Consider ENT or surgical referral for biopsy/radiological biopsy (US/CT guided)**