

# GENERALIZED OR FOCAL LYMPHADENOPATHY

## REFERRAL GUIDELINE

MAINE CHILDREN'S CANCER PROGRAM • 100 CAMPUS DRIVE, SCARBOROUGH, ME • (207) 396-7565

### HIGH RISK

#### SUGGESTED EMERGENT CONSULTATION

##### SYMPTOMS AND LABS

**SYMPTOMS:** Prolonged history (> 14 days), significant lethargy, prolonged fevers, petechiae, weight loss (unplanned > 10%), night sweats, bone pain, respiratory difficulty

**EXAM:** Hemodynamic instability, jaundice, organomegaly, petechial rash, firm non-mobile LNs > 3cm, supraclavicular LNs

**LABS:** CBC with abnormal cell lines, significantly increased SED rate and/or CRP

##### SUGGESTED PREVISIT WORKUP

**Initial testing – it is appropriate to have a low threshold to send these tests if there are any concerns:**

CBC with Diff, SED rate, CRP

CXR – especially if any respiratory symptoms

Consider testing for potential viral etiologies – EBV, CMV (preferably serologies)

Other test to consider – Cat scratch, other infections depending on history (HIV, TB, STDs), LDH, Uric Acid

### MODERATE RISK

#### SUGGESTED CONSULTATION OR CO-MANAGEMENT

##### SYMPTOMS AND LABS

**SYMPTOMS/HISTORY:** Duration of 7-10 days, no improvement on trial of antibiotics, but patient is clinically well, patient otherwise has unremarkable history

**EXAM:** Fairly well appearing patient

LNs are slightly enlarged – nothing over 3 cm

**LABS:** Normal or only slightly elevated

SED rate and/or CRP, essentially normal CBC

##### SUGGESTED WORKUP

Depending of the level of concern, a CT scan of the affected area/area of lymph node enlargement may be indicated

**IF THERE IS CONCERN FOR ANY RESPIRATORY DIFFICULT THEN NO SEDATED CT SHOULD BE ORDERED**

In general please let MCCP plan any scans and/or biopsies

### LOW RISK

#### SUGGESTED ROUTINE CARE

##### SYMPTOMS AND LABS

**SYMPTOMS/HISTORY:** Short duration of enlargement – especially if LNs are red/tender, patient is otherwise clinically well, responds to antibiotic management

**EXAM:** Unremarkable clinical exam except for focal enlarged LN

The LN may be tender and/or erythematous but should NOT be firm or rubbery

**LABS:** Positive viral serologies, essentially normal CBC, CRP and SED rate

##### SUGGESTED MANAGEMENT

**High Risk** - Pediatric heme/onc will determine etiology and management

Please call and we will set up visits/scans/biopsy

**Moderate Risk** - Patient may need additional imaging and or biopsy to be determined by pediatric oncology

**Low Risk** - Depends on the etiology – if looks like lymphadenitis trial a course of antibiotics, if viral supportive care

**AVOID steroids without discussion with MCCP**

## CLINICAL PEARLS

- **PLEASE let MCCP plan any biopsies and additional scans**
- Antibiotic management for potential lymphadenitis:
  - Consider if clinically well and normal labs and especially if LN are erythematous or tender.
  - 1<sup>st</sup> generation cephalosporin or Augmentin as first line
  - Consider Clindamycin if pen allergic or no improvement after a couple of days.
  - Ways To Improve Referral Process: Get us involved early – we are available by phone.

Maine Medical  
PARTNERS

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