

Lymphadenopathy

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Lymphadenopathy is a state of which the dominant feature is local or generalized enlargement of lymph nodes accompanied by other symptoms. It is a frequent working diagnosis, which requires following differential diagnosis with the aim to find the underlying etiology.

Diagnosis

The first them is anamnesis with the emphasis on the speed of **growth of the lymph nodes, pain, injury** and other affects in the drained area of the node. **Concomitant symptoms** include fevers and especially night sweats and weight loss. Next we inquire about contacts with animals, being abroad (especially developing countries with low hygienic standard, sexual contacts. Pharmacological anamnesis is important aswell.^[1]



Axillar lymfadenopathy, CT

In the course of physical examination, during palpation of lymph nodes, we are interested in approximal **size** (millimeters), **consistency** (fluctuations, toughness), **moveability** in relation to the base, palpative **painfulness**. Next we investigate if there is a solitary node or a *packet* or *generalized lymphadenopathy*. We also notice if the finding is symmetrical. During aspection we notice the state of the surrounding skin and mucosae. We bear in mind the inspection of all lymph node areas.

From the basic **laboratory tests** we indicate FW, blood count with differential count, biochemistry - sodium, pottasium, chlorides, creatinine, urea, bilirubin, liver function tests, glucose, CRP, orientational urine tests.^[1]

Valuable information of exact dimensions, vascularization and relations to the surroinding structures can be attained by **ultrasonography**.^[2] Uzliny v supraklavikulární oblasti nejsou za fyziologického stavu hmatné vůbec.^[2]

If we do not reveal the cause by the means mentioned above, the node (in the case of a packet many nodes) can be surgically extirpated and examined.



Differential diagnosis

Basic causes of lymphadenopathy can be subdivided into **inflammatory**, caused by a **tumor** and **others**.

Inflammatory

- Infectious
 - Viral: EBV, CMV, HSV, adenovirus, enterovirus, rubella a measles, HIV, HHV-8;^[3]
 - bacterial: pyogenous streptococci, staphylococcus aureus.^[3]

 For more information see *Non-tumorous lymphadenopathy*.

- Noninfectious

Tumors

- Primary include malignant lymphoproliferations;^[1]
- Secondary include metastases of solitary tumors.^[1]

Sarcoidosis

- Sarcoidosis, thesaurismoses, systemic diseases of connective tissues (SLE, RA, Sjögren's syndrome), hyperthyreosis.^[1]

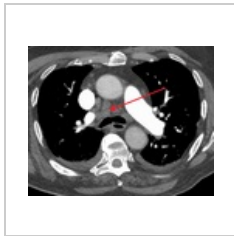
Gallery



Neck lymphadenopathy in a patient with EB virosis



RTG of pulmonary hilar lymphadenopathy



Mediastinal lymphadenopathy (CT)

Links

Relevant articles

- Non-tumorous lymphadenopathy
- Leukaemia

References

1. *Incomplete citation of article.* NAVRÁTIL, Milan. Uzlinový syndrom, praktické poznámky k diferenciacii diagnostice a diagnostickému postupu. *Interní medicína ve zkratce* [online]. 2003, no. 5, p. 27-29, Available from <<https://www.internimedica.cz/pdfs/int/2003/01/08.pdf>>. ISSN 1803-5256.
2. BALLOVÁ, Veronika. *Uzlinový syndróm* [online]. [cit. 2017-10-21]. <http://www.vpl.sk/files/file/XXXI_conf_w/onkologia/Uzlinovy%20syndrom.pdf>.
3. CHOVANEC, Martin – KOMÍNEK, Pavel – ZELENÍK, Karol. *Příručka pro praxi : Diferenciální diagnostika krčního uzlinového syndromu* [online]. ©2014. [cit. 2017-10-21]. <http://www.otorinolaryngologie.cz/dokumenty/PPP_lymfadenopatie.pdf>.