**Work-Up of LYMPHADENOPATHY Suspicious for LYMPHOMA**

**RISK FACTORS:** HIGH risk: immune deficiency (ie. HIV or organ transplant), autoimmune disease +/- immune suppressing medications, and history of lymphoma

**PRACTICE POINTS:** **Consider your differential diagnosis** including reactive LN due to infection/inflammation, metastatic malignancy, and autoimmune disease.

Palpable Lymphadenopathy (LN)
- Abnormal LN = >2-3 cm, persistent enlargement & without obvious cause

Lymphadenopathy on Imaging

**History & Physical Exam**
**Consider your differential diagnosis**
- CBC, HIV test, Chest X-ray

↓ Lymphocyte Count
- YES
- Order flow cytometry on peripheral blood (query CLL vs other lymphoma)
- +
  - Positive for CLL or monoclonal lymphocyte population
    - Referral to CCMB

↑ Lymphocyte Count
- NO

High Suspicion / Concerning Features
- PROCEED without delay
  - HIGH Risk Patients (as above)
  - LN + Abnormal Bloodwork (severe anemia, thrombocytopenia, pancytopenia)
  - Widespread LN +/- splenomegaly or bulky LN (mass >6cm)
  - Mediastinal mass
  - LN with rapid growth
  - LN & B symptoms (drenching sweats, unexplained fever, weight loss)
  - Patient symptomatic from abnormal LN (ie: short of breath, abdominal pain)

Clinical Follow up

Persistent/progressive LN on exam or imaging

**Determine best site for diagnostic biopsy**
- Order CT scans if not already done
- Preference for site of biopsy:
  - Neck > Axillae > Inguinal > Mediastinal > CT guided

**YES**

Neck LN:
- See Lateral Neck Mass Algorithm

Axillary or Inguinal LN:
- Surgery Consult for open biopsy

Mediastinal Mass:
- Refer to Thoracic Surgery

Intra-abdominal/retroperitoneal LN:
- Order CT guided biopsy

**YES**

If BIOPSY diagnostic / suspicious for lymphoma or suspicion of lymphoma remains
- REFER TO CCMB

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