Blood Disorders Day

Lymphadenopathy - Palpable

CancerCare Manitoba
ActionCancerManitoba

Palpable Lymphadenopathy > 2cm

Consider the differential diagnosis:
» Infection - Bacterial, Viral, Mycobacterial, Fungal,Protozoal
» Malignant - Hematological, Non-hematological
» Non-Malignant lymphoproliferative - Rosai-Dorfmann syndrome
» Drugs - Dilantin, carbamezepine
» Other - Sarcoidosis, Castlemann's

Emergent red flags:
» Spinal cord compression
» Airway compromise
» SVC syndrome

Immediately send to ER for expedited management

Non-Emergent red flags/suspicion of malignancy:
» B-symptoms (night sweats, unexplained fever, weight loss)
» Rapid growth
» Bulky >6 cm
» Immune deficient (eg. HIV, on immunosuppression)
» Autoimmune disorder
» History of malignancy
» Pancytopenia, extensive lymphocytosis
» Elevated LDH
» Hypercalcemia

NO → Repeat clinical exam in 2-4 weeks, if persistent or progressive LN on exam

YES →

Unwell:
» Unable to cope
» Poor functional state (ECOG 3/4)
» Concerning labs (eg LDH >1000, Ca >2.8, Hgb <80, plt <50)

YES → **Page Hematologist on-call**

NO →

Do ALL:
» Send for urgent **Biopsy*** (don't wait for scans)
» CT Neck, Chest, Abdomen, Pelvis
» CBC, Biochemistry, LDH, Ca, INR
» SPEP, light chain ratio
» HIV, Hep B, Hep C serology
» Beta-2-microglobulin
» B-HCG if woman ≥ or = 50 years
» If lymphocytosis – Flow Cytometry
» Refer to Cancer Navigation (fax 204-786-0621)

→ **If Lymphoma confirmed**
» refer to Lymphoma Disease Site Group

***Site of biopsy**
» If palpable neck nodes: Refer to Head/neck surgery
» If palpable axilla nodes: Refer to Surgical Oncology
» If palpable inguinal nodes: Refer to Surgical Oncology

» If multiple nodes present, then preferred site is:
Neck > Inguinal > Axilla

Note: Gold Standard is surgical excisional biopsy. FNA and Core needle biopsy are unacceptable

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Pathways are subject to clinical judgement and actual practice patterns may not always follow the proposed steps in this pathway.

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