

Lymfadenopathy –introduction remarks

- most cases are of benign origin
- clinical examination is often neglected
- diagnosis of highly oncologically suspected LN is frequently delayed
- indication to diagnostic extirpation of suspected LN is considered to be a job for a specialist of haematology

How can we recognized oncologically suspected LN?

- SIZE
- CONSISTENCY
- LOCALIZED OR GENERALIZED LA
- FIXATION to surrounding tissue, forming of GROUPS of LN
- SYMPTOMS

SIZE of LN

- distinguish between physiological or pathological LN:
1,5 cm
- Groin and axilla LN are often palpable LN up to
1,5 cm
- LN over **3 cm** always highly susp. of tumor origin

CONSISTENCY

- **SOFT LN**

- **Acute inflammation, painful LN**

- **ELASTIC LN**

- **elastic (rubber consistency) malignant lymphoma**

- **HARD LN**

- **Carcinoma metastasis**

SYMPTOMS

➤ A) GENERAL SYMPTOMS

- Cytokines mediated symptoms
- „**B**“ symptoms, including
 - Night sweats
 - Fever
 - Weight loss

➤ B) LOCAL EXPANSION SYMPTOMS

- mediastinal expansion
 - Thoracic pain
 - Dry cough
 - Swallow problems
- Intraabdominal expansion
 - obstructive syndromas (hydronefrosis, hepatobiliary, ileus)

DIF.DG. of LA

1. Infection drained to the local LN
2. Inflammatory process, infectious or non infectious, lymphotropic infections
3. Malignant diseases (metastasis of solid tumors or lymphoproliferative diseases)

DIF.DG. of LA

- Most common infectious diseases regularly associated with LA:
 - INF. MONONUKLEOSIS
 - TOXOPLASMOSIS
 - LUES
 - RUBEOLA
 - MEASLES
 - TULAREMIA
 - AIDS

WORKUP

➤ History

➤ Clinical examination

➤ Blood tests

➤ Blood count, CRP

➤ Serology (EBV, CMV, herpetic viruses, tularemia, toxoplasmosis, TBC (Mantoux), HIV, lues)

➤ Imaging methods

➤ USG of abdomen

➤ Chest X ray (mediastinum)

➤ CT or NMR

Indications for enlarged LN extirpation

- **General symptoms** (B symptoms) - **immediately**
- **Persistent LA** (more than 1-2 months)
- **Rapid progression** of size or amount of LN – **immediately**
- Pathological findings of blood test (anemia, elevated FW, LD, liver enzymes, otherwise unexplained)
- Immunocompromized pts. (HIV, IS th), higher risk of lymphoproliferative diseases