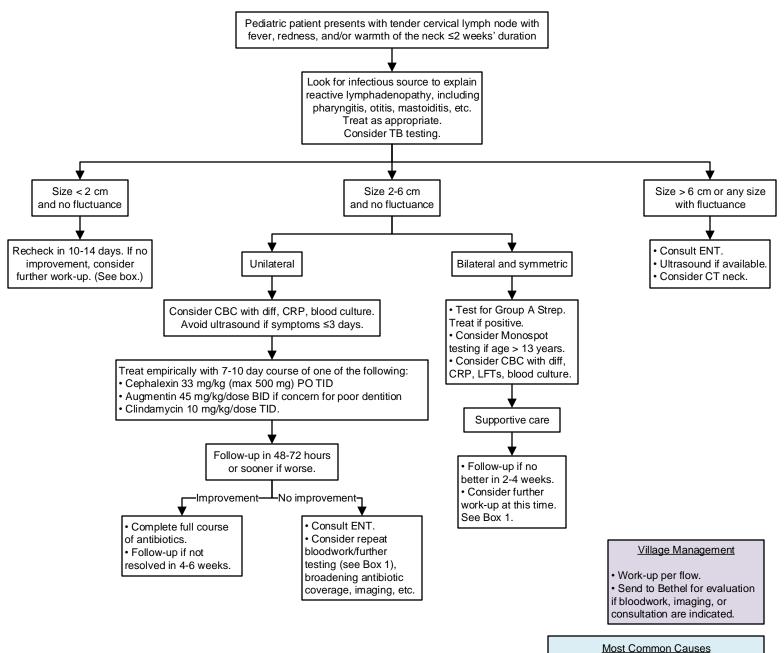


Clinical Guideline

Lymphadenitis, Acute Cervical (Pediatric)



Further Work-up

Perform careful exam for lymphadenopathy of other locations. For any child with nontender lymphadenopathy or lack of improvement after specified period, consider, as appropriate:

- PPD/TB work-up
- CBC
- CRP
- LFTs
- Blood culture
- HIV testing
- RPR
- Toxoplasmosis testing
- Bartonella testing
- EBV, CMV titersLDH, uric acid
- CXR
- Hematology/oncology consult
- Infectious disease consult

<u>iviosi Common Causes</u>

- Reactive lymphadenopathy due to local infection (may take 4-6 weeks to resolve).
- <u>Unilateral</u>: *Staph aureus*, Group A Strep, Group B Strep, anaerobes, TB/MAC
- Bilateral: respiratory viruses (enterovirus, adenovirus, influenza, etc.), Group A Strep, HSV (primary), EBV, CMV, Mycoplasma, Arcanobacterium, TB, Bartonella Less Common Causes to Consider
- Kawasaki disease; periodic fever with aphthous stomatitis, pharyngitis, and adenitis (PFAPA); leukemia; lymphoma; HIV; tularemia

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.

Approved by MSEC 2/1/22.

Click here to see the supplemental resources for this guideline.

If comments about this guideline, please contact Jennifer_Hampton@ykhc.org or Leslie_Herrmann@ykhc.org.