



Village Management

- Work-up per flow.
- Send to Bethel for evaluation if bloodwork, imaging, or consultation are indicated.

Most Common Causes

- Reactive lymphadenopathy due to local infection (may take 4-6 weeks to resolve).
- Unilateral: *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

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 titers
- LDH, uric acid
- CXR
- Hematology/oncology consult
- Infectious disease consult

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_Hermann@ykhc.org.