

## Lymphadenopathy

### DDx

Lymphoma	
Viral infections	infectious mononucleosis, HIV
Bacterial infections	Brucellosis, tuberculosis, syphilis
Protozoal infections	toxoplasmosis
Connective tissue diseases	SLE , Rheumatoid arthritis

Chief Complain: Cervical and axillary lymph nodes enlargement	
Questions	Indications
<b>site</b>	
Where is it?	
How did you notice it?	
<b>duration</b>	
When did you notice it?	Could have been there for a long time before the patient noticed it.
<b>pain</b>	
Does it hurt?	Painless usually malignancy (lymphoma) Painful ( inflammation )
<b>Other symptoms</b>	
Does it produce any other symptoms? <b>( mention the symptoms to the patient)</b>	<b>Pressure symptoms include:</b> Difficulty swallowing or breathing, hoarseness Lymphoma: Skin discoloration, skin rash (infection): Cough, sore throat

Do you have any <b>fever, weight loss, night sweats (B symptoms)</b> or loss of appetite ?	If the patient has fever, ask about (duration and pattern) Usually lymphoma presents with chronic fever
<b>Changes</b>	
Any changes in size ,disappearance \ color abscess or discharge?	
<b>Number</b>	
Do you have another lump?	To know if it is generalized or local lymphadenopathy
<b>Past medical history</b>	
<b>TB, HIV \ AIDS</b>	
<b>URTI</b> (if cervical) <b>UTI or STD's</b> (if inguinal).	
Autoimmune diseases	
Did you have the same problem before?	
<b>Drug History</b>	
<b>Immunosuppression</b>	Risk factor for lymphoma
Phenytoin	Could cause pseudolymphoma
<b>Family history</b>	
TB	
Malignancy ( lymphoma )	
<b>Social history</b>	
Occupation , residency	<b>Brucellosis , TB</b>
Smoking	
Pets	<b>Toxoplasmosis , brucellosis</b>
Travel to an endemic area	
<b>Ask about Hx of contact with TB or HIV infected person</b>	