

Diffuse Lymphadenopathy (LAD) Guide

- Exam limited to palpable nodes: Cervical, supraclavicular, axillary, epitrochlear, inguinal
- May need visceral cross sectional imaging

Clues to prioritize DDX

- Season, exposures (STI, animals), travel, occupation, immune status, and medications
- Node characteristics: Large size and fixed increase likelihood of cancer
- Location: Eg, supraclavicular LAD very concerning for visceral malignancy
- Tempo: Eg, months of asymptomatic LAD makes aggressive cancer less likely
- Any other salient features to filter LAD DDX (e.g., B-symptoms, splenomegaly, rash)

Biopsy necessary?

Yes

Where to biopsy?

- Clinical context and noninvasive tests might lead to dx:
- Always evaluate for HIV, EBV, CMV, and syphilis
 - Consider autoimmune work-up (ANA, dsDNA, SSA, SSB)

- Prioritize diagnostic yield: location and procedure
 - *Example, supraclavicular > inguinal
 - *Excisional > core > FNA

Pearls

- Multiple diagnoses may be at play (Example, HIV and lymphoma)
- Empiric therapy without diagnosis might alter diagnostic yield of biopsy

