

Woman, Child and Family Service – Paediatrics
Tauranga Hospital
Cameron Road Private Bag 12024
Tauranga NEW ZEALAND

Child & Youth Outpatient Clinic
Date

Regional Call Centre
Telephone: 0800 333 477

GP

Cc. Glenys Cotton, Scheduler
TH (virtual clinic)
CC parents

Dear

Patient's name, dob and address

RE: Referral advice for neck lump.

Thank you for your referral of(Patients name)..... with a neck lump.

Neck lumps are common in children and lymphadenopathy is the most common cause. Most lymphadenopathy in children is reactive and self resolves. It is rarely due to malignancy.

If the child is well and the nodes are small, mobile, non tender, or fluctuate in size, this is reassuring and they do not necessarily need further investigation or treatment. If the child is unwell or there is concern for malignancy, they require further assessment. Children with worrisome features should be assessed acutely.

Worrisome features include:

- Systemic symptoms
- Supraclavicular nodes
- Generalized lymphadenopathy
- Fixed, non tender, matted nodes
- Lymph nodes >1cm in neonatal period
- Lymph nodes >2cm that have increased in size or haven't responded to antibiotics
- Abnormal CXR – mediastinal mass or hilar lymphadenopathy
- Abnormal full blood count (blasts, cytopenia)
- Lack of infectious symptoms

If the child appears unwell and does not have worrisome features, we would recommend assessing for and treating obvious causes as appropriate, including group A streptococcal pharyngitis, EBV, CMV, and Bartonella henselae (cat scratch disease). Nodes suspicious of non tuberculous mycobacterium (unilateral, non tender, purple discoloration, thin over lying skin) should be referred to ENT for excisional biopsy.

Reliable information about Children's Health is available at: www.kidshealth.org.nz developed by NZ Health Professionals. Reviewed and endorsed by the NZ Paediatric Society.

If the above assessment does not reveal a cause and the lymphadenopathy persists, you may wish to consider a 2 week course of antibiotics, such as augmentin. Antibiotics should also be considered early if there are signs of lymphadenitis (erythematous, warm, tender nodes).

If, following a period of observation or treatment with antibiotics, the nodes remain unchanged, you may wish to consider further investigations such as full blood count, CRP, serology, ultrasound and/or referral to ENT for a biopsy.

At this stage we have not made an Outpatient appointment for *(patient name)* but would happily do so if there are ongoing concerns.

Yours sincerely

(electronically reviewed)

Paediatric Team