



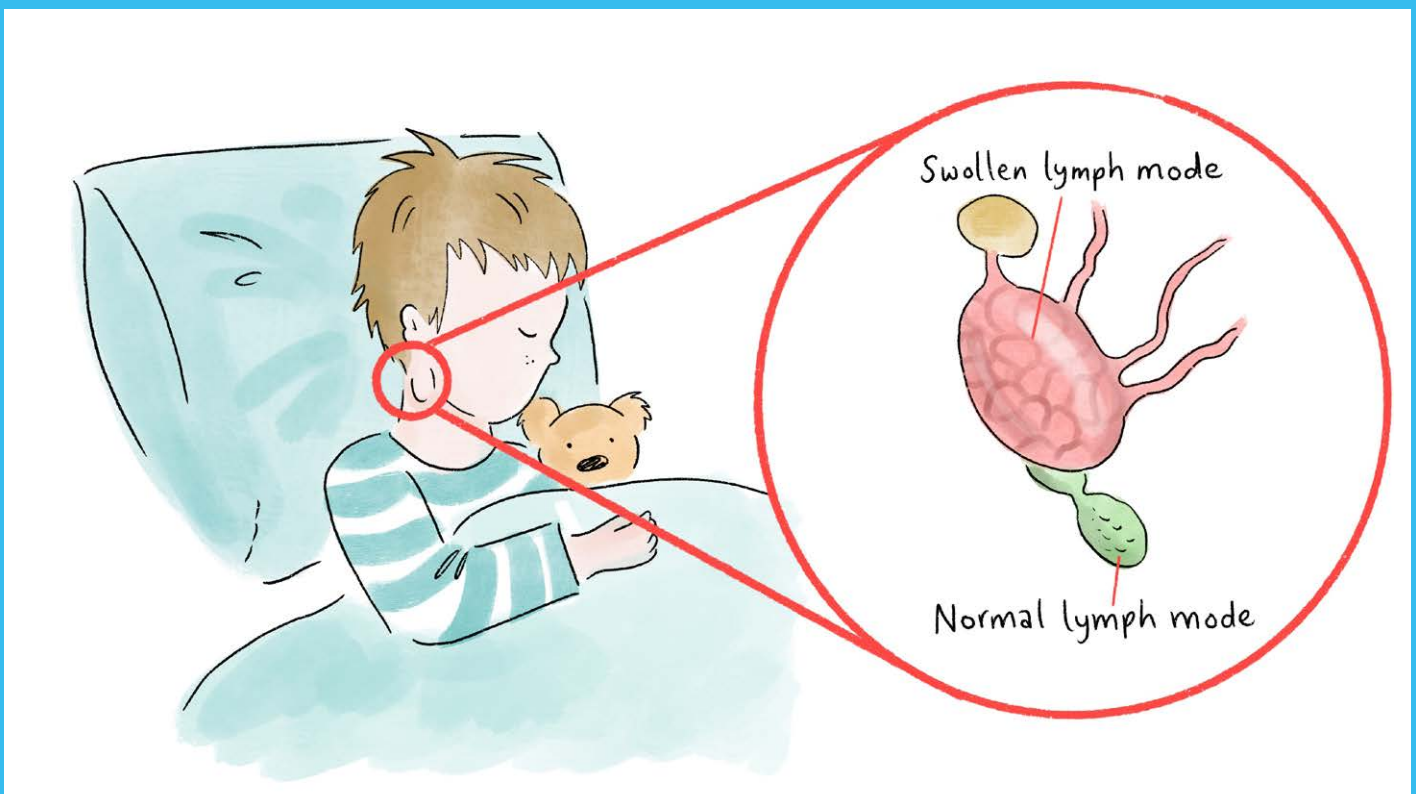
Reactive Lymphadenopathy

Information for parents and carers

Key facts

Lymph glands are an important part of the immune system that helps the body fight infection, lymphadenopathy is when these glands become swollen.

- Lymph glands near the infection swell and become tender as they 'fight off' the infection.
- Usually a few weeks after the infection has cleared, they will return to their normal size
- Children tend to have a lot of viral upper respiratory tract infections, which can lead to swelling of the glands in the neck
- Up to half of all children will have swollen glands at some time



Lymphadenopathy

You may notice a persistent swelling in the neck, often starting while your child has a cold or cough.

The cold may get better but the gland stays swollen.



Lymphadenitis

Sometimes the gland itself can get infected and become red, hot and tender and your child may have a fever. You should see a doctor if this happens.





How is Reactive Lymphadenopathy diagnosed?

You will be asked questions about your child's symptoms and the clinicians will examine your child. Usually no tests are needed.

Treatments

The treatment will depend on the cause of the swelling.

If your child's lymph nodes are swollen because of a viral infection, there is no specific treatment but you can treat the symptoms of a virus. The lymph gland may get bigger again when your child has another cough or cold and then settle back down again.

If the infection is caused by a virus, antibiotics are of no use.



Antibiotics

If your child's lymph nodes are swollen because of a bacterial infection, your child may need antibiotics.

Sometimes, the lymph node itself can become infected by bacteria. If this happens the gland will be large, the skin will appear inflamed and it will be painful, you will need to seek medical attention that same day. Most children can be cared for at home, occasionally the infection can be more severe and need admission to hospital.

What to keep in your medicine cabinet

Keep the following items in your medicine cabinet ready for when you need them;

- Liquid Paracetamol (e.g. Calpol)
- Liquid Ibuprofen – please note that if your child has been diagnosed with Asthma, Ibuprofen is not recommended unless discussed with your doctor first.

Never exceed the maximum dose for paracetamol and ibuprofen in any 24-hour period. Keep a diary of when you give each dose so that you do not give your child too much.

Please check the use-by dates and keep out of reach of children. These medicines are all available over the counter from a pharmacist. The pharmacy or supermarket own brands are cheaper and work just as well, if you are unsure, ask your pharmacist.



Children can change quickly and if at any time your child displays any of the 'Red' features in the box below you should seek EMERGENCY HELP.



RED

If your child

- Has blue lips
- Becomes pale, mottled and feels abnormally cold to touch
- Is struggling to breathe
- Has a fit/seizure
- Becomes extremely agitated – crying inconsolably despite distraction, confused or very lethargic (difficult to wake)
- Develops a rash that does not disappear with pressure (the 'glass test')
- Is under 3 months of age with a temperature of 38°C or above (unless the fever is 48 hours following a vaccination and no other red or amber features)

**YOU NEED EMERGENCY HELP
CALL 999**

**You need to be seen at the
hospital Emergency Department**



AMBER

If your child has any one of these features

- Appears to be getting worse or if you are worried
- Restless or irritable
- Increased difficulty breathing
- Temperature of >39°C despite paracetamol and/or ibuprofen
- Continues to have a fever of 38°C or above for 5 days or more
- Reduced fluid intake by half usual amount
- Passed urine less than twice in 12 hours
- Lymph nodes increasing in size – larger than a 10p coin
- Unexplained bruising
- Losing weight
- Sweating at night

SEEK MEDICAL ADVICE TODAY

Please call your GP surgery, or, if it is closed call NHS 111

Your GP may want to speak to you on the phone first to give you medical advice. They will arrange to see your child if it is appropriate.



GREEN

If none of the features in the red or amber boxes above are present

- Has normal-coloured skin, lips and tongue
- Responds to you normally
- Is basically content and will smile
- Stays awake or awakens quickly and easily when you wake them
- Has a strong normal cry, or is not crying
- Has moist lips and tongue

See 'Important things to consider' box

SELF-CARE

Using the advice on this leaflet you can care for your child at home.

The most important advice is to keep your child well hydrated.

If you feel you need more advice, please contact your local pharmacy, Health Visitor or GP surgery.

You can also call NHS 111 for advice.

Important factors to consider

There are important factors to consider that may affect your child's ability to cope with infection. These are if your child:

- is less than 12 weeks old
- has a lung problem
- has a heart problem
- has a problem with their immune system
- or any other pre-existing medical condition that may affect their ability to cope with illness

We recommend that in these circumstances you seek medical advice

How long does lymphadenitis last?

Children usually recover from lymphadenitis within 3-4 days after starting an antibiotic. Occasionally, children might not respond well to antibiotics and they could be because

- An abscess had formed that may require surgical drainage
- Their infection is caused by a type of bacteria that isn't treated by that particular antibiotic

Most children recover without any complications. If they have increased pain or spreading redness you should go back to your GP.

You should go back to see your GP if

- Lymph nodes have not settled after two weeks
- Swollen lymph nodes with no obvious reason for them, like a sore throat, runny nose or other mild infection
- Skin changes over the swollen lymph node
- The lymph nodes are painful
- The size is increasing
- Swollen lymph nodes and weight loss, night sweats or bruising