

A 17-year-old boy comes to the clinic for routine well care. He has no current symptoms. The patient does not smoke, drink, or use illicit drugs. He is sexually active with one female partner and uses condoms inconsistently. He visits a dentist twice a year. His temperature is 36.6 C (97.9 F), pulse is 78/min, respirations are 14/min, and blood pressure is 116/73 mm Hg. He has gained 1.8 kg (4 lb) since his last physical. Physical examination shows nontender, soft, mobile posterior cervical lymph nodes bilaterally, each measuring approximately 1 cm in diameter. There is no hepatosplenomegaly. The remainder of the examination is unremarkable. Which of the following is the best next step in management of this patient's lymphadenopathy?

- ☐ A. Observation
- ☐ B. Obtain chest radiograph
- ☐ C. Obtain complete blood count
- ☐ D. Perform lymph node biopsy
- ☐ E. Prescribe clindamycin
- ☐ F. Prescribe prednisone
- ☐ G. Start antiretroviral therapy



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- ☒ A. **Observation** [65%]
- ☐ B. Obtain chest radiograph [1%]
- ☐ C. Obtain complete blood count [30%]
- ☐ D. Perform lymph node biopsy [2%]
- ☐ E. Prescribe clindamycin [0%]
- ☐ F. Prescribe prednisone [1%]
- ☐ G. Start antiretroviral therapy [0%]

Proceed to Next Item

Explanation:

User Id: [REDACTED]

Features of lymph nodes	
Normal	Abnormal
Soft	Firm or hard
Mobile	Immobile
<2 cm (normally 0.5-1 cm)	>2 cm
No systemic symptoms	Systemic symptoms (eg, fever, night sweats,



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**Lymphadenopathy** is a general term that refers to any abnormal findings of lymph nodes, including size, quality, location, and progression. Small ( $\leq 1$  cm in diameter), **soft**, **mobile**, nontender lymph nodes are rarely pathologic and are often found in healthy children and young adults. Palpable cervical or axillary nodes are also common in children and young adults. In contrast, nodes associated with malignancy tend to be firm, immobile, and large ( $> 2$  cm in diameter) and often occur in the setting of systemic findings (eg, fever, night sweats, unexplained weight loss). Palpable supraclavicular lymph nodes should also be considered pathologic until proven otherwise.

This teenager with palpable, soft, and mobile cervical lymphadenopathy and without systemic findings should be **observed**. Most lymphadenopathy with benign features will regress within several weeks. Further evaluation (eg, complete blood count, viral titers, inflammatory markers) (**Choice C**) is indicated if lymphadenopathy persists, the lymph nodes enlarge over subsequent weeks, or concerning symptoms develop.

(**Choices B and D**) Chest radiograph and lymph node biopsy can be performed when malignancy (eg, lymphoma) is suspected. In the absence of abnormal lymph node features and/or systemic findings, these procedures are not recommended without prior observation.

(**Choice E**) Clindamycin can be empiric therapy for cervical lymphadenitis, which is typically caused by staphylococcal or streptococcal infection. In contrast to this patient's lymph nodes, infected lymph nodes are enlarged, erythematous, and tender.



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(**Choice E**) Clindamycin can be empiric therapy for cervical lymphadenitis, which is typically caused by staphylococcal or streptococcal infection. In contrast to this patient's lymph nodes, infected lymph nodes are enlarged, erythematous, and tender.

(**Choice F**) Glucocorticoids, such as prednisone, can reduce the size of enlarged, painful lymph nodes. However, empiric use of steroids can mask serious underlying conditions (eg, lymphoma) and are not routinely recommended. This patient does not have enlarged or painful nodes.

(**Choice G**) Acute, symptomatic HIV infection can be associated with nontender lymphadenopathy; however, constitutional symptoms (eg, fever, fatigue) typically occur concurrently. Although testing this sexually active adolescent for HIV is appropriate, starting antiretroviral therapy is not indicated without suspected exposure or positive testing.

#### Educational objective:

Palpable cervical lymph nodes are common in children and young adults. In the absence of concerning findings (eg, >2 cm, firm, immobile nodes; signs of systemic illness), palpable lymph nodes can be observed for resolution before further workup is performed.

#### References:

1. [Paediatric cervical lymphadenopathy: when to biopsy?](#)