

## CLINICAL SKILLS: LYMPH NODE EXAMINATION

- Wash hands
- Introduce yourself
- Ask permission to examine patient
- Expose patient down to underwear
- Reposition lying flat

### Inspect

- Around patient - e.g.: for medications
- Patient as a whole - do they look well? Cachectic? Any obvious swelling of limbs (suggestive of possible lymphoedema?)

### Examination of Lymph Node groups:

- Lymph node groups to examine:
  - Head and neck
    - Submental
    - Submandibular
    - Pre-auricular
    - Anterior cervical
    - Supraclavicular
    - Infraclavicular
    - Posterior auricular
    - Occipital
  - Axillary
    - Apical
    - Anterior
    - Posterior
    - Lateral (on the medial aspect of humerus)
  - Inguinal (between pubic tubercle and anterior superior iliac spine)
  - Popliteal fossa
- If you feel a lymph node or lump anywhere, you must know how to describe it in an OSCE scenario.
  - Everyone has their own methods for describing lumps. I like to remember what to include by remembering them as the **3 S's, 3 T's, and 3 C's**:
    - 3 S's: *site, size, shape*
    - 3 T's: *temperature, tenderness, tethering*
    - 3 C's: *colour, contour, consistency*

### To end my examination, I would like to:

- Take a full history from the patient
- Examine this patient's vascular system (and any other relevant/local system to check for cause of lymphadenopathy - see below).

### Causes of Lymphadenopathy

- Idiopathic
- Infiltration
  - Primary carcinoma: lymphoma, leukaemia
  - Secondary carcinoma: e.g.: due to melanoma, thyroid carcinoma, breast, bowel, lung, prostate, kidney, or head and neck cancers
- Non-infective
  - Sarcoidosis
  - Amyloidosis
  - Rheumatoid Arthritis
  - Systemic Lupus Erythematosus
  - Eczema, psoriasis
  - Drugs, e.g.: phenytoin
- Inflammation and infection
  - Local infection e.g.: pharyngitis
  - Bacterial: tuberculosis, syphilis, brucella
  - Viral: EBV, HIV, HSV, hepatitis
- Other: toxoplasmosis