ORIGINAL ARTICLE

Outcome of Surgical Management in Cervical Lymphadenopathy - A Prospective Study at Allama Iqbal Teaching Hospital, Sialkot

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ABSTRACT

Aim: To assess the etiology and management of cervical lymphadenopathy in patients presenting to surgical department of Allama Iqbal Memorial Teaching Hospital, Sialkot

Study Design: Prospective study.

Place & duration of study: Department of General Surgery Khawaja Muhammad Safdar Medical College, Sialkot from January 2016 to April 2018.

Methods: All patients presenting to surgical out patients department (OPD) were serially included during the study period. The data of all patients were recorded inclusive of history, physical examination, investigations and treatment given. Two groups were made, the Group I – outdoor patients; who were investigated and treated in OPD only and they did not require admissions for any investigation or surgical procedure.

Results: Patients enrolled in our study were 987,out of which 103 patients were excluded due to lack of follow-up & 884 remained in the study, their age was between 2-67 years (with mean 39+-11 years), M:F ratio was 1:19, 395 patients were malnourished, 178 were smokers, 156 were diabetics & 207 were hypertensive , Group-I consisted of outdoor patients who were 712 and Group-II included admitted patients who were 172 in number. In Group I, 41% patients had single node in neck,72% had multiple nodes in neck & 7% had associated lymph nodes on other sites of body,69% patients also developed fever,87% lost their weight & 17% got discharge, all patients(100%) had an USG and X-rays of cervical spine, FNAC was done in 43% & excision biopsy under LA was done in 76% of patients

Conclusion: Cervical lymphadenopathy is a common presentation in the surgical OPD. Most of the patients are malnourished; amongst them the majority belong to less than 12 years of age. FNAC, Biopsy and excision is required for a definite histopathological diagnosis. Treatment is according to the cause.

Keywords: Lymph nodes, Fine needle aspiration cytology, excision, granulommatous inflammation

INTRODUCTION

Lymphadenopathy is a disorder of lymph nodes which are abnormal in consistency and size. Cervical lymphadenopathy is a common problem encountered in general population and etiology varies with the age group being studied. A systemic clinical approach is required to properly diagnose and treat the underlying condition. The current article addresses a stepwise approach to diagnosis and management of cervical lymphadenopathy.

PATIENTS AND METHODS

All patients presenting to surgical OPD were serially included during the study period. The data of all patients were recorded inclusive of history, physical examination, investigations and treatment given. Two groups were made, the Group I – outdoor patients; who were investigated and treated in OPD only and they did not require admissions for any investigation or surgical procedure; Group II– admission group required admissions to the ward for any biopsy or definite surgery. Minimum of 3 months follow up was required in OPD and after discharge from the hospital to see the results as regards effect of treatment and recurrence of disease. Patients not completing follow-up or did not completed investigations like FNAC, biopsies or histo pathology were excluded from the study. Data was entered and analysis done by SPSS v 22.

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RESULTS

General information of the patients is shown in Table I. Depending upon the report of biopsy or histopathology; the diagnosis were as under

Table I: General data

No of patients enrolled	987
Patients excluded due to lack of follow-up	103
Total patients in the study	884
Age	2-67 yrs (mean 39 ±11yrs)
M: F	1: 1.9
Malnutrition/ underweight	395
smokers	178
Diabetics	156
Hypertensive	207
Group I – outdoor patients	712
Group II – Admitted patients	172

Table II: The presentations and investigations data is as follows

	Group I		Group II	
Single node in neck	296	(41%)	133	(77%)
Multiple nodes in neck	516	(72%)	39	(22%)
Associated lymph nodes on other sites of the body	56	(7%)	15	(8%)
Fever	498	(69%)	23	(13%)
Weight loss	623	(87%)	56	(32%)
Discharge	126	(17%)	0	(0%)
USG	712	(100%)	172	(100%)
Xrays- cervical spine	712	(100%)	172	(100%)
FNAC	312	(43%)	172	(100%)
Excision biopsy under LA	543	(76%)	23	(13%)
Excision biopsy under GA	0	(0%)	149	(86%)

Table III- Diagnosis

	Group I		Group II	
Reactive hyperplasia	62	(8%)	27	(15%)
Acute Bacterial Infections	376	(52%)	44	(25%)
Chronic granulommatous inflammation	175	(24%)	78	(45%)
Lymphoma	38	(5%)	13	(7%)
Metastatic tumours	2	(0.28%)	4	(2%)
Inconclusive	59	(8%)	6	(3%)

DISCUSSION

Our study showed that 8% patients in group I & 15% patients in Group II had reactive hyperplasia, while 11% patients had this according to the study by Shah JP et al[11]. We had acute bacterial infections in 52% patients of group I & 25% patients of Group II, while these were present in 34% patients in the study of Zhuang et al[12]. Our data presented that the rate of chroinc granulomatous inflammation was 24% in Group I and 45% in Group II ,while it was % according to the data given by Lukas et al[13]. Lymphoma occurred in 5% patients of Group I & 7% patients of group II, while it was in % patients in the study of Swartz et al[14]. 0.28% patients in Group I & 3% patients in Group II remained inconclusive ,while they were $% in the data presented by de Jong et al[15].

CONCLUSION

Cervical lymphadenopathy is a common presentation in the surgical OPD. Most of the patients are malnourished; amongst them the majority belong to less than 12 years of age. FNAC, Biopsy and excision is required for a definite histopathological diagnosis. Treatment is according to the cause, however a significant number of patients remains undiagnosed.

Conflict of interests: No conflict of interests to be declared

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