Southern Derbyshire
Shared Care Pathology Guidelines

Lymphocytosis in Adults

Purpose of Guideline

Investigation and referral guidelines for adult patients with lymphocytosis.

Definition

The normal range for the Absolute Lymphocyte Count is age related.

In adults the normal range is $1.5 - 3.5 \times 10^9/L$

Lymphocytosis is defined as a lymphocyte count $> 5 \times 10^9/L$

What are the main causes of lymphocytosis?

Over 80% of patients have lymphocytosis as an incidental finding on a routine full blood count for unrelated symptoms or as part of health screening.

- Transient, reactive lymphocytosis is frequently seen in acute self-limiting viral infection, particularly infectious mononucleosis, and in smokers.
- Chronic infections like tuberculosis, brucellosis, secondary syphilis
- Leukaemia and occasionally lymphoma. Chronic lymphocytosis is characteristic of chronic lymphocytic leukaemia, the incidence of which peaks between 60 and 80 years of age. In its early stages this condition is frequently asymptomatic and treatment is only required in significant progression which is about 1% per year.

Please refer to the flowchart (see page 3).

Investigations in primary care for patients with lymphocyte count $>5 \times 10^9/L$:

- Request glandular fever screen if appropriate.
- History of recent viral infection
- Smoking history, chronic infection/inflammatory condition.
- Repeat FBC and blood film 6 weeks post viral infection and after quitting smoking. If lymphocytosis persists, blood film will be reviewed by a consultant haematologist with a comment suggesting further action.
- Unexplained lymphocyte count of $5 - 10 \times 10^9/L$ and otherwise well: monitor FBC 6 monthly.
Criteria for non-urgent referral to Haematologists:

- Lymphocyte count of $>10 \times 10^9/L$, and otherwise well

Criteria for urgent referral to Haematologists:

- Lymphocytosis in association with:
  - Hb<10g/dl or/and platelet $<100 \times 10^9/L$
  - B symptoms
    - weight loss $>10\%$ in previous 6 months
    - severe night sweats
    - unexplained fever of $>38^\circ C$ for $>2$ weeks
  - Lymphadenopathy
  - Hepatomegaly or Splenomegaly or both
  - Extreme fatigue

Discussion with the duty haematologist:

- Lymphocytosis with history of acute severe illness, bruises

Contacts

Mon to Fri (9am – 5pm): Haematology secretaries 01332 787973
Out of hours: Duty Haematologist (via switchboard) 01332 340131

Author: Dr Sangam Hebballi, May 2013

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<td>Dr S Hebballi, Dr P Blackwell, Mrs H Seddon</td>
<td>August 2015</td>
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<td>Dr S Hebballi, Dr P Blackwell, Mrs H Seddon</td>
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Lymphocytosis >5 x 10^9/L

Reactive?
- Cigarette smoking
- Chronic infections

If yes, repeat FBC & Film in 6 weeks
Check LDH, B2M, Protein electrophoresis and refer if any abnormal

Persistent Lymphocytosis?

Patient Well?

No

Viral Infection?

Yes

Unwell
- Febrile
- Bleeding
- Bruising

Lymphocytes >10 x 10^9/L

Urgent Referral Required

Lymphocytes >5 x 10^9/L and/or Haemoglobin <10g/dl and/or Platelets <100 x 10^9/L

Referral Required

Lymphocytes 5 – 10 x 10^9/L and otherwise well

Monitor FBC 6 monthly

Unexplained weight loss >10%
- Drenching night sweats
- Unexplained fever
- Lymphadenopathy
- Hepatomegaly
- Splenomegaly
- Extreme fatigue

Reactive?

Cigarette smoking
Chronic infections

If yes, repeat FBC & Film in 6 weeks
Check LDH, B2M, Protein electrophoresis and refer if any abnormal

Persistent Lymphocytosis?

B2M = Beta 2 microglobulin