**Pediatric Lymph Node Biopsy - An Eleven Year Single Center Experience**

Lymph node biopsy is integral to the management of pediatric patients with suspected malignancy. In this study we examined referral pathways to a surgical service to critically evaluate investigations undertaken and positive yield of malignancy.

Two hundred and seventy one patients had lymph node biopsy over an 11 year time period. Data were analysed for – (1) referring physician (2) laboratory tests (3) radiology (4) anatomical site (5) pathology and (6) morbidity from surgical biopsy.

One hundred and seventy five males and ninety six females - [ age range 5 months – 20 years ; mean age 7.6 years ] underwent biopsy. Referral patterns varied with 169 (62%) biopsies performed by the pediatric surgery service, 81 (30%) by ENT and 21 (8%) – maxillofacial, plastics, orthopedic departments. Time from patient referral to a hospital clinic visit averaged 3 months (range 0.5-8 months). Biopsy was performed at an interval of 1 day -10 months [ mean 2 months ]. Sixty one (23%) patients had malignant disease. Two hundred and ten cases (77%) had benign pathology - reactive hyperplasia, mycobacterial adenitis, other diagnosis. Chest x-ray was performed in 116 (43%) patients and 105 (39%) had ultrasound imaging. Sites involved were head and neck (n= 216) – 80% , axilla (n= 18) – 7% and groin regions (n=37) – 13%. Fifty seven percent (n= 155) had blood / serology testing. Malignancy (%) and abnormality on chest x-ray was significant (p= 0.0029). Morbidity from surgical biopsy included : wound infection (n=15) – 5.5% and nerve injury (n= 3) – 1%.

This study shows wide variation in clinical management of pediatric patients with lymphadenopathy. Excluding malignancy is paramount. The high yield of benign pathology indicates a co-ordinated care pathway may better manage patients more effectively.