Guidelines for GP referral and further investigations of patients with Lymphopaenia

Lymphocytes < 1 x 10^9/L (persistent)
- Younger Adults

Consider possible causes of Lymphopaenia:
- Recent infection (within the last 6 months) - viral, bacterial / other infection
- History of infections suggestive of underlying immunodeficiency disorder (PCP, severe warts, recurrent infections)
- Medications (immunosuppressive agents, chemotherapy)
- Evidence of underlying systemic disease (Autoimmune disorders, Lymphoma, other malignancies, Sarcoidosis, Renal failure)
- Any symptoms suggesting an underlying lymphoma (fever, night sweats, weight loss)
- Is the patient malnourished or history of alcohol misuse?
- Abnormal findings on clinical examination? (splenomegaly, lymphadenopathy, joint abnormalities, skin changes / rashes)

InVESTIGATIONS:
- Repeat FBC and Film after 6 weeks to confirm Lymphopaenia
- U&Es, LFTs
- HIV
- ANA, RF
- Serum immunoglobulins

Patients with symptoms of:
- Serious Infection
- Underlying Malignancy
- Systemic disorder

Refer to the appropriate Specialty

Patients with:
- Isolated lymphopaenia
- Normal physical findings
- Negative investigations

Repeat FBC in 6 months

Patients with symptoms of:
- Serious Infection
- Underlying Malignancy
- Systemic disorder

Refer to the appropriate Specialty

Lymphocytes >0.5 x 10^9/L
- (in association with:)
  - Elderly
  - Asymptomatic / No concerning symptoms

No further investigation required

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MTW NHS Trust