# Guidelines for GP referral and further investigations of patients with Lymphopenia

## Lymphocytes $< 1 \times 10^9/L$ (persistent)

Younger Adults



- 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)

- Abnormal findings on clinical examination? (splenomegaly, lymphadenopathy, joint abnormalities, skin changes / rashes)



#### **Investigations:**

- ANA. RF
- Serum immunoglobulins

## Patients with symptoms of:

- Serious Infection
- **Underlying Malignancy**
- Systemic disorder



Refer to the appropriate **Specialty** 





#### Patients with:

- Isolated lymphopenia
- Normal physical findings
- Negative investigations



**Abnormal** 



Repeat FBC in 6 months



Normal - no further investigation

Lymphocytes >0.5 x 10<sup>9</sup>/L

(in association with:)

No further investigation

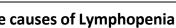
required

Asymptomatic / No concerning

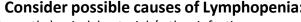
Elderly

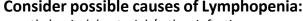
symptoms

Dr C Wykes, Dr C Grist June 2016 Updated in Jan 2025









- Any symptoms suggesting an underlying lymphoma (fever, night sweats, weight loss)
- Is the patient malnourished or history of alcohol misuse?



- Repeat FBC and Film after 6 weeks to confirm Lymphopaenia
- U&Es. LFTs
- HIV

