

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

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

- Younger Adults



### Consider possible causes of Lymphopenia:

- 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 Lymphopenia
- U&Es, LFTs
- HIV
- ANA, RF
- Serum immunoglobulins

### Patients with symptoms of:

- Serious Infection
- Underlying Malignancy
- Systemic disorder



**Refer to the appropriate  
Specialty**



**Abnormal**



### Patients with:

- Isolated lymphopenia
- Normal physical findings
- Negative investigations



**Repeat FBC in 6 months**



**Normal - no further  
investigation**

### Lymphocytes $> 0.5 \times 10^9/L$

( in association with:)

- Elderly
- Asymptomatic / No concerning symptoms



**No further investigation  
required**