



**ORIGINAL RESEARCH PAPER**

**Pediatrics**

**PATHOLOGICAL CORRELATION OF CERVICAL LYMPHADENOPATHY IN PEDIATRIC AGE GROUP BY FINE NEEDLE ASPIRATION CYTOLOGY**

**KEY WORDS:** FNAC, lymphadenitis, lymph adenopathy

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**ABSTRACT**

FNAC has emerged as a sensitive, specific, and cost-effective tool to diagnose cervical lymphadenitis. It is a reliable and an inexpensive method, suitable for developing countries like India for the investigation of any accessible superficial swelling, especially lymph adenopathies.

**INTRODUCTION**

Cervical Lymphadenopathy (CL) is defined as the presence of cervical lymph nodal tissue measuring more than 1 cm in diameter with or without an abnormality in character. In children, it represents the majority of causes of neck masses, which can present as abnormal palpable lumps or swellings. Enlarged cervical lymph nodes are common in children. About 38% to 45% of otherwise normal children have palpable cervical lymph nodes. FNAC has emerged as a sensitive, specific, and cost-effective tool to diagnose cervical lymphadenitis. It is a reliable and an inexpensive method, suitable for developing countries like India for the investigation of any accessible superficial swelling, especially lymph adenopathies.

**OBSERVATION**

The present study was aimed To study pathological correlation in pediatric cases with significant cervical lymphadenopathy. A total of 80 patients were included over the period of one year at Department of ENT and Head & Neck Surgery, Dr. RPGMC Kangra at Tanda. Results of the study have been presented below:

FNAC	Frequency	Percentage
Reactive lymphadenitis	43	53.8
Granulomatous lymphadenitis	21	26.3
Reactive lymphadenitis/NonSpecific	9	11.3
Hodgkin's lymphoma	4	5.0
Inconclusive (Haemorrhage)	2	2.5
Malignant Secondary	1	1.3

In this study, 53.8% of the patients FNAC was reactive lymphadenitis, 26.3% had granulomatous lymphadenitis, 11.3% had reactive lymphadenitis/nonspecific, 5% had Hodgkin's lymphoma, 2.5% had inconclusive (haemorrhage) and 1.3% had malignant secondary.

**DISCUSSION**

In this study, 53.8% of the patients FNAC was reactive lymphadenitis, 26.3% granulomatous lymphadenitis, 11.3% reactive lymphadenitis/ non specific, 5% Hodgkin's lymphoma, 2.5% inconclusive (haemorrhage) and 1.3% malignant secondary. In the study by Shivaprasth et al, major cytological picture was reactive hyperplasia (74.66%) followed by granulomatous Adenitis (13.33%), suppurative adenitis (6.66%), lymphoma (1.33%) and Inadequate aspirate of 3 cases. Misra and Garg observed reactive hyperplasia of 71.8%, granulomatous adenitis (17.5%), suppurative adenitis (6.6%) and malignancy in 3.6% in his study of 18 cases.<sup>40</sup> Knight et al in their study of 175 cases found reactive hyperplasia in 57.5%, granulomatous adenitis (28.2%) and malignancy in 17.9%.

In the study by Mohan et al, tubercular lymphadenitis was seen in 25% of cases, malignancies in 11.6%, HIV infection in 5(0.4%) cases and in 47.8% cases non-specific reactive lymphoid hyperplasia. Other causes found were syphilis,

toxoplasmosis and sinushistiocytosis. When compared to this study tuberculosis cases were more in our study. This could be due to high tuberculosis infection in this region. They didn't come across any malignancy case.

**SUMMARY**

In this study, 53.8% of the patients FNAC was reactive lymphadenitis, 26.3% had granulomatous lymphadenitis, 11.3% had reactive lymphadenitis/ non specific, 5% had Hodgkin's lymphoma, 2.5% inconclusive (haemorrhage) and 1.3% had malignant secondary.

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