



Standard Treatment Workflow (STW) for the Management of

ADULT LYMPH NODE TUBERCULOSIS

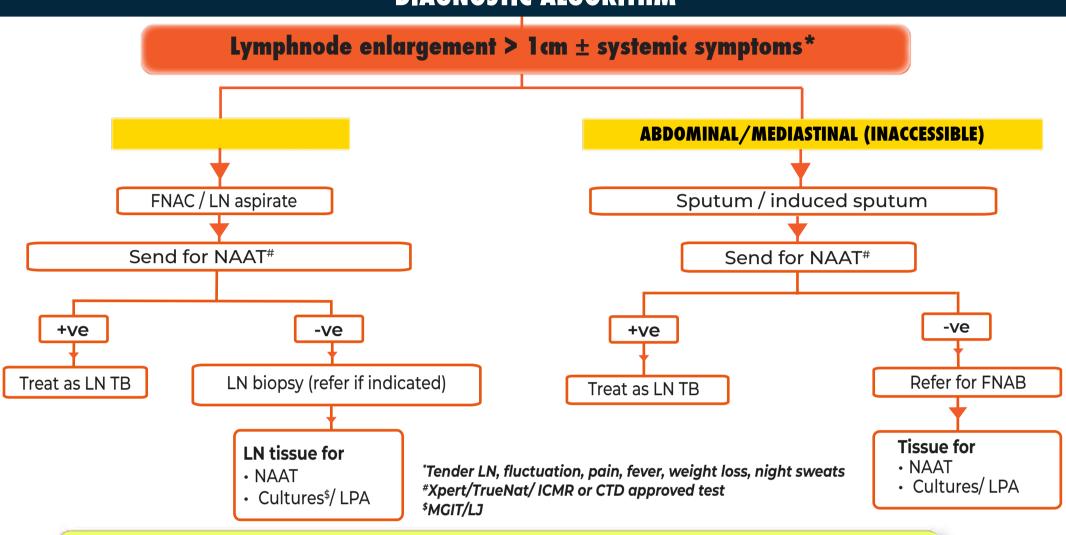


ICD-10-A18.2

WHEN TO SUSPECT?

- · Swelling (>1 cm) in neck, armpit or groin (>2 cm) +/- redness, fluctuation, sinus discharge
- · May or may not be associated with fever, weight loss, night sweats or cough
- History of similar swelling in the past / past history of tuberculosis
- · History of contact with a patient with a diagnosis of TB

DIAGNOSTIC ALGORITHM



ASSESS RESPONSE TO THERAPY AT 3-4 MONTHS

Treatment: As per NTEP Guidelines

- Resolution: Decrease in size of LN with settling of systemic symptoms
- · Delayed response -Paradoxical reaction: Increase in size of LN or new signs of inflammation (up to 3 months of starting treatment) OR appearance of new LN at same/other site
- · May require tissue cultures, if not done, to rule out treatment failure/resistance
- Therapeutic drug monitoring to ensure adequate drug levels
- If cultures reveal susceptible TB it is likely due to paradoxical worsening: May require anti-inflammatory agents (inaccessible)/ surgical removal (accessible)

COMPLICATIONS

- Abscess formation
- Rupture may lead to sinus formation

REFER TO HIGHER CENTRE IF

- Non responders
- Needs treatment for Drug Resistance
- Large Nodal Mass/Abscess requiring surgical intervention

Response to therapy at 3 months No Yes Symptom resolution Constitutional Increase in size of LN ± symptoms persist signs of inflammation **Continue ATT** Check old culture report R/o alternate Send new cultures if not diagnosis available Susceptible TB Drug resistant TB **Paradoxical** Refer to DOTS Therapeutic drug worsening plus centre monitoring Refer to higher centre

BCG LYMPHADENITIS

- · Age is usually < 2 years
- · Axillary and/or supraclavicular LN on same side as BCG vaccination (usually given on left)
- No systemic symptoms in immunocompetent children
- Treatment:
 - Wait & watch if small
 - · If large & suppurative, repeated aspiration or rarely incision & drainage is required

NAAT/AFB smear positivity can not differentiate between BCG & MTB

ABBREVIATION **ATT:** Anti Tubercular Treatment

BCG: Bacille Calmette Guerin **CTD:** Central TB Division

Short-course

FNAB: Fine Needle Aspiration Biopsy LPA: Line Probe Assay **FNAC:** Fine Needle Aspiration Cytology

DOT: Directly Observed Treatment LJ: Lowenstein Jensen LN: Lymph Node

MGIT: Mycobacterial Growth Indicator

MTB: Mycobacterium Tuberculosis **NAAT:** Nucleic Acid Amplification Test

NTEP: National TB Elimination **Programme PCR**: Polymerase Chain Reaction

TB: Tuberculosis

REFERENCES 1. National TB Elimination Programme, Central TB Division. Training Modules for Programme Managers & Medical Officers. Ministry of Health & Family Welfare, Government of India. $https://tbcindia.gov.in/index1.php?lang=1\&level=1\&sublinkid=5465\&lid=3540\ Last\ accessed\ on\ 11\ March,\ 2022.$

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- This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are

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