SESSIONE 11 Proposta di un percorso diagnostico| LE LINFOADENOPATIE INFETTIVE: UN APPROCCIO "OLISTICO"

DAL MEDICO DI MEDICINA GENERALE ALL'ANATOMO-PATOLOGO: UNA SFIDA COMPLESSA.

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Lymphadenopathy is benign and self-limited in most patients. Etiologies include malignancy, infection, and autoimmune disorders, as well as medications and iatrogenic causes. The history and physical examination alone usually identify the cause of lymphadenopathy. When the cause is unknown, lymphadenopathy should be classified as localized or generalized. Patients with localized lymphadenopathy should be evaluated for etiologies typically associated with the region involved according to lymphatic drainage patterns. Generalized lymphadenopathy, defined as two or more involved regions, often indicates underlying systemic disease. Risk factors for malignancy include age older than 40 years, male sex, white race, supraclavicular location of the nodes, and presence of systemic symptoms such as fever, night sweats, and unexplained weight loss. The workup may include blood tests, imaging, and biopsy depending on clinical presentation, location of the lymphadenopathy, and underlying risk factors. Biopsy options include fine-needle aspiration, core needle biopsy, or open excisional biopsy. The anatomo-pathological characterization of lymphadenopathy allows us to identify essentially the neoplastic aetiology or some special lymphadenopathy. Most lymphadenopathy related to infectious causes are to be evaluated in a multidisciplinary context to reach a complete diagnosis.