Cervical lymphadenopathy is one of the most common symptoms in out-patient clinic of head and neck surgeons. Common cause of cervical lymphadenopathy in South Korea is:

- Tuberculosis
- Tuberculous lymphadenitis
- Reactive hyperplasia
- Reactive lymphadenitis (smoke, trauma, metastatic carcinoma)

For the differential diagnosis of lymphadenopathy, this study reviewed:

- Tuberculous: PCR by fine needle aspiration
- Blood: laboratory for inflammatory sign

The complete blood count with ESR in a common study to see the count of inflammation and helps selecting the patients whose lymphadenopathy will be reached spontaneously.

The aim of study was to suppress the effectiveness of FNA. To pursue the age difference in the disease, the FNA and Tb-PCR could yield meaningful result and CBC count also couldn't show significant difference in predicting the persistent disease. Most patients were younger than age 20 and age 20-30, and 5 cases were 30-50 years old and the patients with younger than age 20 were diagnosed with the chance of spontaneous recovery than patients over 20.

The conclusion of the study could give differential information related to the diagnostic workup of cervical lymphadenopathy in patients whose organogenesis was benign.

**METHODS AND MATERIALS**

- Tertiary referral hospital setting
- From October 2007 to December 2009
- Inclusion criteria: patients whose chief complaint was lymphadenopathy and FNA, and CBC were performed at initial work-up.
- Retrospective chart review and telephone interview of the patients who have followed less than 1 month to check any change or improvement of patients.
- Total 159 patients were included.
- Male: Female = 49: 114
- Age: 5-87 years (average 33.8 years)
- Tb-PCR was performed in 109 patients (66.3%)
- Classified the FNA results in two classes
- Reactive atypical cells or atypical cells recommending excisional biopsy
- Reactive lymphadenitis or inflammatory cells suggesting benign lesion including granulomatous lesion.
- CBC: WBC, Hemoglobin, Platelet count.
- Tuberculous: PCR by fine needle aspiration

Conflict of interest

None declared.

**REFERENCES**

- Woo Park, MD; Sung Joon Park, MD. WBC Differential Count for Diagnosis of Cervical Lymphadenopathy. Head Neck Surgery, Seoul National University College of Medicine.

**DISCUSSION**

In Korea, due to the high incidence of Kikuchi-Fujimoto disease and tuberculosis, the USG and Tb-PCR could be found as a useful tool to evaluate the disease. The abnormal lymph node was shown in the later USG and Tb-PCR results if the patient was suspicious with the disease.

**CONCLUSIONS**

In conclusion, the diagnosis of lymphadenopathy can be made with the useful atypical cells or atypical cells recommending excisional biopsy without time delay to diagnose the malignancy or disease requiring surgical management.

In Korea, the incidence of Kikuchi disease and tuberculosis is especially high; therefore, this study recommended using various diagnostic methods such as fine needle aspiration, histologic examination, and Tb-PCR for the cervical lymph node.

**REFERENCES**


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**ABSTRACT**

WBC Differential Count for Diagnosis of Cervical Lymphadenopathy

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**RESULTS**

Final diagnosis of 119 patients: 111 patients improved spontaneously during follow up period. There were 19 malignancy (17, 9%, 33 patients: 14.6%) and other disease (including tuberculosis and kuru).

**DISCUSSION**

In Korea, due to the high incidence of Kikuchi-Fujimoto disease and tuberculosis, the USG and Tb-PCR could be found as a useful tool to evaluate the disease. The abnormal lymph node was shown in the later USG and Tb-PCR results if the patient was suspicious with the disease.