

LYMPHOPENIA

- Most cases are reversible and do not need referral
- If unexplained lymphocyte count $<1 \times 10^9/L$ offer HIV testing
- If lymphocyte count $>0.5 \times 10^9/L$ and $>75y$ and no concerning symptoms, no investigation required

Symptomatic patients with persistent lymphopenia should be referred to the most appropriate specialty based on clinical and laboratory features-see below

Assess for:

- Recent atypical infection e.g. PCP, warts in the last 6 months or recurrent infections eg URTI
- Symptoms suggestive of connective tissue disorder, lymphoma or solid malignancy
- History of renal failure, autoimmune disorder, lymphoma, solid malignancy
- Treatment with immune suppression or chemotherapy
- Malnutrition or alcohol excess
- Abnormal examination e.g. enlarged liver or spleen, lymphadenopathy, abnormal joints, skin

No

Repeat in 6 months

Yes

- Repeat FBC in 6 weeks with
 - Renal function & Liver function
 - Blood film
 - HIV
 - ANA & Rheumatoid Factor
 - Serum immunoglobulins & serum free light chains
- If persists and symptomatic, refer or discuss results through advice and guidance of **relevant speciality** (eg Immunology if recurrent or atypical infections or multiple autoimmune conditions; Rheumatology if joint issues or ANA/RF +ve; Haematology if signs/symptoms of lymphoma etc)

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