What treatment is indicated for chronic suppurative lymphadenopathy?

A review on this subject (Goraya, 2002) states that “treatment of BCG lymphadenitis has remained controversial...Once suppuration has occurred, the treatment should aim at promoting resolution and preventing spontaneous discharge and sinus formation”. Results from controlled trials (Kuyucu, 1998; Noah, 1993; Caglayan, 1987) have demonstrated that antibiotic treatment does not reduce the risk of suppuration or shorten the duration of healing once it has occurred. The two alternative treatments that remain are needle aspiration and surgical excision. The only RCT on needle aspiration to be identified (Banani, 1994) found that the procedure resulted in significantly higher (95% vs 68%) and rapid (6.7 vs 11.8 weeks) healing compared with no aspiration. Surgical excision is generally regarded as the treatment of choice for suppurative cases in which needle aspiration has failed, or in which sinuses have formed in previously-drained nodes (Banani, 1994; Baki, 1991; Caglayan, 1991). Non-suppurative lymphadenopathy requires no treatment (Goraya, 2002).


Evidence Level: II

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