

Evidence Discussion: Inguinal Lymphadenopathy (AB-8.2)

Inguinal adenopathy is benign and self-limited in most patients. History and physical alone can often identify the cause of the adenopathy. Biopsy remains the primary diagnostic tool in evaluation of undiagnosed inguinal adenopathy. This can be done with fine needle aspiration or core needle biopsy. Diagnostic rates can be improved with the use of ultrasound.

There is no evidence-based support for advanced imaging of inguinal adenopathy in the absence of biopsy results that would direct that imaging. If benign, no further work-up is necessary.

References

1. Bazemore AW and Smucker DR. Lymphadenopathy and malignancy. *American Family* 2002, 66(1), 2103- 2111.
2. Heller M, Harisinghani M, Neitlich J, et al. Managing Incidental Findings on Abdominal and Pelvic CT and MRI, Part 3: White Paper of the ACR Incidental Findings Committee II on Splenic and Nodal Findings. *American College of Radiology*, Volume 10, Issue 11, Pages 833-839, November 2013.
3. Gaddey HL, Riegel AM. Unexplained Lymphadenopathy: Evaluation and Differential Diagnosis. *American Family Physician*. *Am Fam Physician*. 2016 Dec 1;94(11):896-903.