Lymphocytosis

Lymphocytosis is a common finding.

Transient increases in the lymphocyte count (lymphocytosis) are usually due to acute infections e.g., viral infections, pertussis. If there is persistent lymphocytosis, consider these causes:

- Auto-immune conditions, e.g. rheumatoid arthritis
- Smoking
- Post splenectomy
- Monoclonal B-cell lymphocytosis (a clonal lymphocytosis similar to CLL but with clonal lymphocytes < 5 x 109/l and without other features of CLL)
- Chronic Lymphocytic Leukaemia (CLL)

Assessment

Look for:

- Clinical signs of infection or inflammation.
- Lymphadenopathy or hepatosplenomegaly.

Management

- If well or mild symptoms, recheck white count in 1 to 2 months. Reactive lymphocytosis generally resolves within 2 months.
- A stable increased lymphocyte count in an otherwise well person is unlikely to require treatment and does not always need further assessment.
- Asymptomatic CLL does not benefit from earlier treatment.
- If persistent lymphocytosis > 7 x 10^9/L, request flow immunophenotype (send EDTA sample) to look for a lymphoproliferative disorder.
- If lymphocyte immunophenotyping confirms a clonal population consult NEW Devon formulary guidance for CLL or seek haematology opinion if clinically appropriate.

Request

Request a haematology assessment if lymphocytosis with:

- rapidly rising lymphocyte count or blast cells present
- lymphadenopathy or hepatosplenomegaly
- anaemia, neutropenia, or thrombocytopenia
- Urgent or written advice is available.