Referral Guidelines for Lymphocytosis

Most raised lymphocyte counts in general practice are reactive. Acute and transient episodes are commonly seen post viral infection. Chronic and low grade forms (4.0-<7.0 x 10^9/l) may be seen in metabolic syndromes and asplenic states, these are usually non progressive and do not require haematological referral. Monitoring if undertaken can be every 12 months unless there is clinical concern in which case clinical opinion can be requested.

The following should be referred urgently for outpatient assessment:

- Suspicion of lymphoma / leukaemia with a lymphocytosis in association with:
    - anaemia, thrombocytopenia or neutropenia
    - splenomegaly
    - lymphadenopathy
    - B symptoms (weight loss, night sweats, fever)

Referral for specialist opinion should be considered for:

- Persisting lymphocytosis >10x 10^9/l not fulfilling criteria for urgent referral
- Lymphocytosis persisting > 7 <10 x 10^9/l may be early clonal disease but do not require referral until >10 x 10^9/l unless associated with a cytopenia or lymphademopathy or splenomegaly.