

Lymphadenopathy

Lymphadenopathy is an important clinical sign of acquired primary toxoplasmosis in the immunocompetent and occurs in 0-84% (mean 64%) of cases in different studies.

Lymphadenopathy is more commonly found in the neck followed by axillae and then groin. It is usually found at single sites in adults, but in children multiple sites may be more common.

Enlarged glands will resolve within one to two months in 60% of patients. However, a quarter of patients take 2-4 months to return to normal and 8% take 4-6 months. A substantial number of patients (6%) do not return to normal until much later. Lymphadenopathy may, be the only symptoms of toxoplasmosis but generally there are other symptoms; often fever and rarely splenomegaly or hepatomegaly. A sore throat is uncommon in toxoplasma lymphadenopathy. Although lymphadenopathy is a common feature, diagnosis of toxoplasmosis cannot be made solely on clinical grounds. Histological features in lymph node biopsies are suggestive of toxoplasmosis but are not diagnostic.

Antibody to toxoplasma can be detectable within 2 weeks of infection and reaches a peak within two months. Dye test titres ≥ 250 iu with detectable specific IgM are diagnostic, In patients with lower titres and symptoms of short duration, follow-up specimens should be tested to confirm or exclude toxoplasmosis. Like the variation in duration of symptoms. the persistence of elevated antibody titres and specific IgM varies considerably from patient to patient. The length of time over which specific IgM is detectable also depends on the sensitivity, of the tests used.

Toxoplasma lymphadenopathy in immunocompetent patients normally resolves -without treatment, but treatment may have to be considered for patients with persisting symptoms and abnormal serology.