

Investigation of Night Sweats

Generalised sweats that soak bed clothes or bedding – often described as ‘drenching’

Well patients with normal FBC and non-drenching sweats are unlikely to have malignancy.

Consider Causes:

- Infection: Influenza/EBV/TB/Brucellosis/HIV/Fungal
- Malignancy: haematological/mesothelioma/bone/liver
- Menopause
- Endocrine: hyperthyroidism/nocturnal hypoglycaemia in diabetes/
Low testosterone in middle aged/older men
- Autoimmune/inflammatory: SLE/myositis/sarcoid/mastocytosis/IBD
- Obstructive Sleep Apnoea
- Neurological: Parkinson’s/autonomic neuropathies
- Medication: SSRIs/antipsychotics/tamoxifen/GnRh analogues
- Alcohol excess/withdrawal
- Anxiety

Significant Systemic symptoms:

- Fever
- Weight loss >10%
- Localised pain
- Cough
- Diarrhoea
- Alcohol induced lymph node pain

Detailed History:

- Travel/Drugs/Alcohol
- Farm or meat workers/unpasteurised milk/cheese

Examination:

- Lymph nodes
- Spleen
- Consider breast and testicular lumps
- Peripheral stigmata of infective endocarditis/murmurs

Investigations to consider:

- FBC/Blood Film
- ESR/CRP
- U&Es/LFTs/Bone profile/LDH
- TFTs

Investigation of Night Sweats

Random glucose/HBA1c

Viral Serology: EBV/CMV/HIV

Quantitative immunoglobulins

Testosterone

Gonadotrophins/oestradiol

Sputum/Stool culture

CXR/CT/PET

Biopsy (FNA/Core/Excisional) as appropriate

Referral → Haematology: Associated nodal enlargement and/or splenomegaly

Abnormal FBC

Alcohol induced nodal pain

↘ NSS RDC: Unexplained symptoms and >10% weight loss after primary care investigation

↘ Other referral routes: Rheumatology/Cardiology/Respiratory/Infectious disease