

# Lymph node biopsy procedural question

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I have a question about the proper procedures for lymph node biopsies, hopefully someone here can assist me. I recently noted what appeared to be a swollen lymph node in my groin, and after an array of tests and other procedures eventually I was sent in for a biopsy. It would seem, however, that the surgeon did not remove the lymph node that originally prompted the complaint; instead, he removed one a bit farther up (up in the sense that it was in the direction towards my head, right around the area where my pelvic bone can be felt through my skin). This struck me as odd, as I would think it would make the most sense to take the one about which I was actually concerned. The one he took was, by my best recollection, of the same size and texture it had always been.

In searching around a bit, I have discovered that the preferred method during a biopsy is to find the largest lymph node in the area and take that one as it provides more material for dissection. However, in this case, only one was swollen, and even if the one he took was larger or easier to reach (I'm not sure why he picked the one he picked, as he promptly went on vacation after the procedure and hasn't been available to answer the question) it would seem prudent to take the one that prompted concern. He did say, prior to the procedure, that "any in the group" (his words) could be taken for a valid analysis. My question is, is that true? Or is this a case where he should have taken the one I indicated and, because he did not, invalidated the entire procedure?

Hopefully someone can shed some light on this, as it would seem I am receiving insufficient answers to my questions when I ask them and I would like an outside opinion to provide some contrast. Thank you!