

## Night Sweats needing investigation

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. Investigate in primary care.**

### Consider Causes

#### Simple infection

**Malignancy:** Includes haematological, mesothelioma, bone and liver

#### Menopause

**Complex infection:** TB, Brucellosis, HIV

**Endocrine:** hyperthyroidism, nocturnal hypoglycaemia in diabetes, low testosterone in middle aged/older men

**Autoimmune/autoinflammatory:** SLE, myositis, sarcoidosis, mastocytosis, IBD

#### Obstructive Sleep Apnoea

**Neurological:** Parkinson’s, autonomic neuropathies

**Prescribed drugs:** SSRIs, antipsychotics, tamoxifen, GnRh analogues

#### Alcohol excess or withdrawal

#### Anxiety

### Significant systemic symptoms

Fever, weight loss >10%, localised pain, cough, diarrhoea, alcohol induced lymph node pain

### Consider infection- especially if short history

TB, brucellosis, typhus, enteric fevers, infective endocarditis, bone, soft tissue, HIV

Infections associated with travel

Fungal infections in immunocompromised

### Detailed history

Farm or meat workers /unpasteurised milk/cheese

Travel

Drugs

Alcohol

### Examination

To include: Lymph nodes, spleen, consider breast lumps, testicular lumps,

### Investigations to consider

FBC, ESR

U&E

CRP

Blood film

LFT

Bone profile

TFT

Viral Serology EBV CMV HIV

Quantitative immunoglobulins

Testosterone

Gonadotrophins/oestradiol

Sputum

Stool culture

CXR

### Referral

Associated nodal enlargement and/or splenomegaly  
Abnormal FBC  
Alcohol induced pain

Other potential cause found on investigation

Unexplained symptoms and >10% weight loss after primary care investigation.

### References

[Buku](#)

[East Lothian Guidelines](#)

[NICE haematological cancer](#)

**Haematology**

**Other referral route**

**PEDAS**