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RADIOLOGICAL PRESENTATION OF CORONAVIRUS DISEASE

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CE Earn Up to 7.5 Hours. See page 550.

FIGURE 1
Portable chest x-ray, anteroposterior view.

A male in his mid-80s presented to the emergency department with complaints of fever and cough for 6 days. On presentation, the patient was febrile to 38.7°C (101.6°F), tachypneic to 26 breaths per minute, and coughing. A portable chest X-ray was done (Figure 1)

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FIGURE 2
Chest computed tomography (CT), coronal reconstruction, pulmonary window.

that revealed bilateral peripheral infiltrates. Chest computed tomography was performed as well and it confirmed multiple areas of peripheral bilateral infiltrate (Figure 2). The patient was ultimately diagnosed with coronavirus disease.

The figures show a classical radiological presentation of the viral pneumonia caused by a novel severe acute respiratory syndrome coronavirus 2.^{1,2} The findings include peripheral ground-glass opacities, consolidations, and solid nodules. In some cases, pleural thickening, air bronchograms, and interlobar septal thickening can be present as well.² During the current coronavirus disease outbreak, together with an appropriate clinical presentation, radiological imaging can assist with an appropriate diagnosis, so that appropriate management can be initiated before obtaining confirmatory laboratory tests.

Author Disclosures

Conflicts of interest: none to report

REFERENCES

1. Wang X, Fang J, Zhu Y, et al. Clinical characteristics of non-critically ill patients with novel coronavirus infection (COVID-19) in a Fangcang Hospital. *Clin Microbiol Infect. Published online April. 2020*;3. <https://doi.org/10.1016/j.cmi.2020.03.032>
2. Li X, Zeng W, Li X, et al. CT imaging changes of corona virus disease 2019 (COVID-19): a multi-center study in Southwest China.

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