CLINICAL SNAPSHOT

A Moderate Case of COVID-19 Viral Pneumonia During the SARS-CoV-2 Pandemic

a) Axial reconstruction of thoracic computed tomography showing bilateral ground-glass infiltrates (with distinct respiratory artefacts in this moderately ill patient with pronounced dyspnea at rest)
b) Thoracic computed tomography showing peripheral ground-glass infiltrates in both lungs, compatible with COVID-19 pneumonia

A 44-year-old Bavarian woman with allergic asthma consulted a community medical practice at the end of February 2020 with a febrile airway infection and breathing difficulties after visiting a carnival-related event. She was first assumed to have seasonal influenza and treated symptomatically with antipyretics, and on day 4 empirical antimicrobial treatment was initiated on the assumption of community-acquired pneumonia. Six days after the onset of her symptoms, nucleic acid amplification of material from a nasopharyngeal swab demonstrated the new coronavirus SARS-CoV-2. At the time of hospital admission on day 7, the patient had marked dyspnea at rest (respiration rate: 30 breaths per minute; oxygen saturation: 90% in ambient air) and a chest radiograph showed atypical infiltration of both lungs (*Figure 1A*). Thoracic computed tomography revealed peripheral ground-glass opacities in both lungs, compatible with COVID-19 pneumonia (*Figure 1B*). After the occurrence of COVID-19-associated hepatitis on day 12, the clinical and laboratory findings gradually improved with antipyretic and antimicrobial treatment of a bacterial superinfection.

PD Dr. med. Christoph D. Spinner, Klinikum rechts der Isar, Klinik und Poliklinik für Innere Medizin II, Fakultät für Medizin, Technische Universität München, Deutsches Zentrum für Infektionsforschung (DZIF), Standort München, Christoph.Spinner@mri.tum.de.

Dr. med. Alexander Schuldt, Klinikum Freising; **Dr. med. Jörg Schuster**, Radiologie Freising

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