CLINICAL SNAPSHOT

Inhalation and Ingestion of Disinfectant as a Mimic of COVID-19 Infection

The chest CT shown is that of a man presenting with altered consciousness, agitation, dyspnea, and fever who rapidly developed global respiratory insufficiency and needed to be intubated and ventilated. The initial clinical suspicion was of a SARS-CoV-2 infection, but imaging revealed an acute lung injury with diffuse perihilar ground-glass infiltrates of the apical lung segments with some consolidated areas, as opposed to the disseminated, mostly peripheral, subpleural, and basal ground-glass infiltrates that are typical of COVID-19 (*Figure*). The patient went on to develop acute respiratory distress syndrome and tested negative for SARS-CoV-2 by PCR. It was retrospectively determined that the patient, during a psychotic episode involving fear of death from SARS-CoV-2, had inhaled an aerosol spray containing chlorine and drunk a liquid disinfectant in order to cleanse his body. The final diagnosis was thus of a primary inhalational toxic lung injury. After extubation, he had no residual symptoms other than a mild tremor of central origin, attributable to a hypoxic injury of the basal ganglia that was revealed by neuroimaging. This case illustrates the differential-diagnostic utility of early computed tomography of the chest in patients with clinically suspected COVID-19 infection.

Initial axial chest CT revealing diffuse perihilar ground-glass infiltrates of the apical lung segments with areas of consolidation, indicating acute lung injury (ALI), unlike the disseminated, mainly peripheral, subpleural, and basal ground-glass infiltrates that are characteristic of COVID-19.

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