A Typical Chest CT Appearance of a Case with Coronavirus Disease 2019 (COVID-19)

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A 69-year-old male patient who had non-insulin dependent diabetes mellitus and chronic obstructive pulmonary disease admitted to the emergency department by suffering from cough, fever and shortness of breath one week before her admission. Initial laboratory tests were in normal limits, but nonspecific scattered minimal ground glass density was observed in computerized thorax tomography (CT). Upon this finding, the patient was sent to his home. The patient’s complaints were persisted and applied to the Emergency Department one week later. The chest CT showed consolidation in the left central zone, ground-glass opacity and reticular pattern in both lungs (Fig. 1). Upon the observation of typical images for COVID-19, oropharyngeal and nasopharyngeal swabs were taken, and the patient was hospitalized. There was a slight elevation in liver function tests, lymphopenia and elevated CRP level. The diagnosis of COVID-19 was confirmed with RT-PCR for SARS-CoV-2. A combination of hydroxychloroquine, oseltamivir and levofloxacin were started and oral antidiabetic was also initiated for the regulation of blood glucose level. Three days later, the patient’s d-dimer and ferritin levels increased, while the procalcitonin level did not elevate. N-acetyl cysteine and anticoagulant therapy were also added to the therapy. The patient complaints were resolved, and he was discharged nine days later with the advice of home isolation for the prevention of spreading infection between the family members. Patient’s consent was obtained for this study.

The patient’s wife was also hospitalized with the diagnosis of myocardial infarction, and her tracheal aspiration samples were positive for SARS-CoV-2 with RT-PCR.

COVID-19 has been described at the end of 2019 in Wuhan, China. After then, the outbreak spreads worldwide. Clinical pictures may be varied from asymptomatic, mild and severe. Common symptoms include fever, cough and myalgia or fatigue (1). Typical radiological appearance is described in the outbreaks from China. CT findings are accepting as diagnostic and almost the gold standard for the diagnosis of COVID-19 (2, 3). In here, a typical CT image was presented for COVID-19.

Informed Consent: Written informed consent was obtained from patients who participated in this study.

Conflict of Interest: The author have no conflict of interest to declare.

Figure 1. Chest tomography images of the patient; the typical appearance of consolidation, bilateral, peripheral and basal in the distribution of ground-glass opacity and crazy paving appearance in CT.
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REFERENCES

