COVID-19: case 54

R. Campa, A. Leonardi, C. Valentini, R. Occhiato

Radiologia AOU Policlinico Umberto I – Sapienza Università di Roma, Dir. Prof. C. Catalano.

Patient presented for cough and dyspnea for 5 days, not responding to antibiotics. Potential risk for SARS-CoV-2: he traveled from Florence to Rome by train coming from a “high-risk area” on February 24.

Medical history: HTA. At physical examination: crackles of the left base.

Chest radiography
Ill-defined consolidations with peripheral distribution, associated with increased interstitial marking. No pleural effusion.
Ground-glass opacities with reticulations in a peripheral distribution. No pleural effusion neither mediastinal or hilar adenopathies. Findings consistent with Covid-19 pneumonia.
COVID-19: case 53

Michele Forte

UO di radiologia diagnostica ed interventistica, Ospedale “Madonna delle Grazie”, Matera

78-year-old patient with fever and cough for 1 week. pO2: 84%.

CT
Diffuse ground-glass opacities associated with reticulations involving all lobes, predominantly in the upper lobes and in
COVID-19: case 52

Resta E.C., Del Buono F., D’Ettorre E., Burdi N., Di Stasi C.

S.S. Radiologia Oncologica Ospedale San Giuseppe Moscati Taranto

57-year-old male patient smoker with COPD. No epidemiologic risk either exposure to Covid-19 patients.

The patient was admitted to ED for dyspnea and fever not responding to therapy. Po2: 50%.

Blood analysis revealed high C-RP levels, with normal value of the others parameters (included procalcitonin). RT-PCR positive for SARS-CoV-2.
Immagini assiali, ricostruzione con algoritmo Lung, scansione apicale, media e basale. Plurime aree di aumentata densità polmonare “a vetro smerigliato”, in particolare ai lobi superiori e lobo medio, a prevalente distribuzione peribroncovasale e subpleurica, cui si associa ispessimento settale inter- e intra-lobulare; aree di addensamento parenchimale, con broncogramma aereo pervio nel contesto, a livello dei lobi inferiori. Cannula endotracheale.
Multiple ground-glass opacities with peribronchial and subpleural distribution, predominantly in the upper lobes and in the ML, associated with reticulations. Alveolar consolidations in the lower lobes.

COVID-19: case 51

Resta E.C., Del Buono F., D’Ettorre E., Burdi N., Di Stasi C.

S.S. Radiologia Oncologica Ospedale San Giuseppe Moscati, Taranto

10 days after, the patient presented to the ED for cough, dyspnea and fever.

Blood analysis revealed high C-RP levels, with normal value of the others parameters (included procalcitonin).
Multiple ground-glass opacities in a peribronchial and subpleural distribution located in the upper lobes, associated with alveolar consolidations in the lower lobes.

**COVID-19: case 50**

G. Carbognin, F. Lombardo, A. Nardi, G. Giannotti, G. Sala

60-year-old male patient with abdominal pain and fever for 4 days admitted to ED on March 14. No previous medical history. Physical examination: unremarkable

Blood analysis at the admission: lymphocytes 0.8 x 10^9/L, C-RP: 95/mg/l;

RT-PCR: positive for SARS-CoV-2.

Blood analysis during the hospitalization: lymphocytes 1.1 x 10^9/L.

Chest film
COVID-19: case 49

Stefania Ianniello, Carlo Giangregorio, Giovanna Calabrese, Pierfrancesco Ottaviani, Gavina Cuneo, Marco Di Pietropaulo, Caterina M.Trinci, Valeria Saracco, Caterina Pizzi, Michele Galluzzo.
84-years-old male patient with fever for 2 weeks, recent evidence of moderate respiratory failure.

RT-PCR: positive for SARS-CoV-2.

CT:
Typical features consistent with interstitial pneumonia, such as “crazy paving” pattern, ground-glass opacities and consolidation at lung bases. Small amount of pleural effusion and small mediastinal lymph-nodes are also detected, unusual findings in Covid-19 pneumonia.

COVID-19: case 48 mini
pediatric serial cases


4 pediatric patients, mean age 4.2 years old (range 3.5 months, 10.9 yo).

At the admission, clinical features were the following:

- Fever (39°) in 2 out 4 patients
- Malaise and loss of appetite in 1/4
- One of the patients was asymptomatic but he was admitted to take care of him since his parents were both hospitalized for Covid-19 pneumonia.
- Only one patient with fever also had moderate lymphopenia.
- LDH was increased in the symptomatic patients.
Case 1
Case 2
Case 3
Case 4
Case 4: detail

Chest radiography:

Normal findings in
3 out of 4 patients (case 1 – 3)

In 1 patient with fever (case 4) a blurred ill-defined consolidation with pleural effusion was seen. The nasal swab revealed only a low
viral load. This finding may be considered as the end-stage of the Covid-19 pneumonia, since the patient had symptoms for 1 week before coming to the ED.

None of the patient underwent CT. The present case series—although the small sample—demonstrates that children may get SARS-CoV-2 infection, but they are usually asymptomatic or paucisymptomatic. In our experience, and as previously reported, pediatric patients may be hospitalized for preventive reasons.

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**COVID-19: case 47**

Silvia Lucarini, Chiara Moroni, Antonella Masserelli, Edoardo Cavigli, Lina Bartolini, Alessandra Bindi, Silvia Pradella AOU Careggi, Firenze, Direttore Dr. Vittorio Miele.

61-years-old male patient admitted to the ED for severe dyspnea, confusion on March 3. Bedfast after a recent upper respiratory infection. Medical history: DM type 2, HTA. Non-smoker.

Blood test: WBC 11.2; C-PR 301 (normal values < 5); LDH 738 (normal values 135-225); Fibrinogen 798 (normal values 200-400); INR 1.4. ABG: PaO2 82; PCO2 32.
A CTA was performed for suspected pulmonary embolism:
Multiple aree di ground-glass estese diffusamente in entrambi i polmoni con iniziali aspetti consolidativi nelle regioni basali ove si evidenzia risparmio subpleurico; coesiste moderata riduzione volumetrica di entrambi i polmoni.

Multiple and diffuse ground-glass opacities involving both lungs, associated with consolidations at the bases, those sparing the cortex. Lungs volume is also reduced.

The patient was promptly intubated and a treatment with
Lopinavir-Ritonavir and Cloroquine was also started.

Chest film after intubation (March 3):

![Chest film after intubation (March 3)](image)

Chest film on March 6:
comparing to the previous CRX, an improvement of the pulmonary involvement is seen.

On March 12, a chest radiography was required due an increase of the procalcitonin levels (1.96, normal values <0.5):
A new-onset consolidation in the left base is noted, finding suspected for bacterial superimposed infection.

Antibiotics are then introduced along with remdesivir.

**COVID-19: case 46**

Alessandro Rosa – Giuliano Gagliardi
61-years-old male, transferred from another hospital. Onset of symptoms (arthralgia, asthenia) on February 27, 2020. Dyspnea and fever (38.5°) since March 2. Venturi mask with reservoir of 15l e pO2 85%, reaching 98% after positioning Venturi at 60% and 15 l.

CT
Subpleural consolidations in the lower lobes, especially in the apical segments and in the posterior segment of the RUL and the apicoposterior segment of the LUL. Ground-glass opacities predominantly in the subpleural regions are seen in the spared segments of the upper lobes. No mediastinal nodes.

RT-PCR positive for SARS-CoV-2.

Bedside chest radiography
Diffuse interstitial marking and band atelectasis.

COVID-19: case 45

Cristina Veirana, Alessandro Gastaldo

UOC Radiologia, Ospedale San Paolo, Savona, Direttore dott. Alessandro Gastaldo
79-years-old patient, with cough and fever since February 29; the patient was hospitalized for pneumonia on March 1.


Chest Radiography:
slight interstitial marking at the left base.

On March 3, a CT was performed for clinical worsening:
Bilateral interstitial pneumonia.

The patient was intubated and transferred to the infectious disease department.

The patient died on March 4.