COVID-19: case 44

Federico Paltenghi, Giuseppe Bandi, Laura Nano, Vellini Silvia
ASST Pavia, presidio Ospedaliero di Vigevano, direttore ff
reparto di radiologia Elena Belloni

65-years-old male
patient presented to the ED with fever and cough.

Blood test: C-PR 70,99 (< 5) LDH 326 (< 225).

Portable chest film February 28:
Riscontro di lieve ipotrasprenza dell’emitorace sin in torace ipoespanso. Non altri reperti di rilievo.

Opacities in the left lung.

The day after a chest radiography (2p) is performed due to the low Sp02 (84%) and discrepancy between clinical-radiological findings:
Blurred consolidations especially in the left lung with atelectasis at the bases.

Unenhanced CT on February 29:
Diffuse ground-glass attenuation in the dependent regions of the lungs, with consolidations in the subpleural posterior regions. The antero-posterior extension in 6 -9 cm, sparing the apex. Emphysematous bullae in the left lung base. No pleural or pericardial effusion.

A nasopharyngeal swab was performed: positive.

COVID-19: case 43

Federico Paltenghi, Federica Lucev, Elena Belloni
ASST Pavia, presidio Ospedaliero di Vigevano, direttore ff
Elena Belloni

82-years-old female patient, admitted to the ED with dyspnea and fever for 7 days. Medical history: HTA and kidney cancer. Blood test: C-PR 106,93 (< 5); ESR 45 (<15); LDH 314 (< 214).

Chest film (supine) March 5:
Interstitial markings with diffuse opacities in the left lung, particularly in peripheral regions, with probable pleural effusion.

CT March 5:
Ground-glass opacities with reticulations, particularly in the posterior and lateral regions of the LUL; subpleural consolidations in the LLL. Findings are consistent with unilateral interstitial pneumonia.

RT-PCR positive for SARS-CoV-2.

The authors highlights that, unlike the majority of Covid-19 pneumonia, in this case the abnormalities were unilateral.
COVID-19: case 42

Bozzalla Cassione Francesca, Demaria Paolo, Baralis Ilaria, Negri Alberto, Cerutti Andrea, Priotto Roberto, Violino Paolo

S.C. Radiodiagnostica – A.O. “S. Croce e Carle” – Cuneo

87-years old male patient with HTA, chronic cardiomyopathy was hospitalized from February 27 to March 1, 2020 for right-sided heart failure successfully treated with diuretic therapy.

On March 7, the patient was readmitted for dyspnea and cough. SpO2

Chest radiography:
Diffuse bilateral consolidations, particularly in the right lung.

SpO₂: 95%; C-PR: 160 mg/dl; LDH: 747 U/L.

The patient was hospitalized in pneumology. Due to the worsening of his clinical conditions, HRCT was performed.
Diffuse ground-glass opacities with consolidations in the posterobasal segments of the lower lungs. No pleural effusion.

A nasopharyngeal swab was performed (which was positive) and the patient was transferred in the infectious disease department. The disinfection of the CT suite was promptly activated.
COVID-19: case 41

Federico Paltenghi, Lucia Volpato, Giuseppe Bandi

ASST Pavia, presidi Ospedalieri di Vigevano e Mortara, direttore f/f Elena Belloni

73-year-old male patient presented to the ED with fever for 10 days, not responding to paracetamol.

Chest radiography:
Consolidation with interstitial distribution in the right paracardial area, findings suspicious for pneumonia.

Five days after, the onset of dyspnea occurred and a nasal swab was performed (which turned positive).
Confluent consolidations and ground-glass opacities with crazy-paving pattern, predominantly in the upper lobes, with a relative sparing of the subpleural regions. Bilateral atelectasis bands. Low amount of bilateral pleural effusion. Findings are consistent with Covid-19 pneumonia.

COVID-19: case 40

Marco Di Serafino, Francesca Iacobellis, Giovanna Russo, Luigia Romano.

AORN “Antonio Cardarelli” – Napoli

53-year-old patient with history of HTA and coronary artery disease recently detected at cardiac CT, waiting for coronarography, admitted to ED for syncope with no chest pain, dyspnea, lower limbs edema or fever (36°). No potential risk for SARS-CoV 2 exposure.

Blood tests: WBC (3,47 x10^3/ul, normal values. 4,5 – 10,0), Fibrinogen 650 mg/dL (normal values 150-450), troponin and ESR in the normal ranges.

In the evening, body temperature increased (37°C).
The day after, the body temperature reached 38.5°C.
Multiple and bilateral confluent ground-glass opacities with consolidations with subpleural distribution, particularly in the apical segment of the RUL, apicoposterior of the LUL, lingula segment, and at the bases. No pleural effusion.

RT-PCR from nasopharyngeal swap was positive.
COVID-19: case 39

Federica Pirro, Marco Parillo, Bruno Beomonte Zobel, Carlo Cosimo Quattrocchi

Dipartimento di Diagnostica per Immagini e Radiologia Interventistica – Policlinico Universitario Campus Biomedico di Roma

62-years-old female patient with headache, cough and fever not responding to antibiotics, in absence of dyspnea. Nausea and loss of appetite was also reported. Blood tests were unremarkable, and nasal swab negative for SARS COV 2

The patient was then hospitalized 10 days after the onset of symptoms. Blood test: LDH: 352.00(*) UI/L; Fibrinogen 627(*)mg/Dl; C PR 7.95(*)mg/dL; ESR 110.00(*)mm/h. ABG test: pH 7.52 (.7.35 – 7.45), PaCO2 36 mmHg, PaO2 64 mmHg, SaO2 96.2%, HC03– 29.4mmol/L.
Multiple ground-glass opacities associated with consolidations predominantly in peripheral-subpleural distribution, especially in the posterior regions of the lower lobes where bronchiectases are also noted.

In the suspicious of Covid-19 pneumonia, the patient underwent nasopharyngeal swab confirming the diagnosis. The patient was then transferred to the referral center “Spallanzani” hospital in Rome.
COVID-19: case 38

Andrea Nardi, Giovanni Carbognin

Radiologia – Ospedale IRCSS Sacro Cuore Don Calabria – Regione Veneto – Negrar (VR)

72-years-old female patient presented to the ED on March 5 with fever, diarrhea and dyspepsia for three days. She had contacts with a person affected with SARS COV

2. Physical examination: T 36.9°C, SpO292%.

Blood tests at the hospitalization in the infectious disease department on March 7: WBC: 4.6; lymphocytes: 0.7U/L; RCP: 141mg/l.

Chest radiography: unremarkable
CT
Bilateral alveolar consolidations in the posterior regions of the inferior lobes. Supleural nodules in the anterior segments of the left upper lobe. Multiple and diffuse ground glass opacities in all lobes. No pleural effusion.

COVID-19: case 37

E Sardo, A Molinari, A Baletti, M Bazzocchi, G Bestagno, A D’amico, R Piccazzo, S Russo
87-year-old male patient with contact to a Covid-19 patient. He presented to the ED with dyspnea, fever and cough. The nasal swab revealed SARS COV 2. ABG: respiratory failure.

The patient died before he was admitted in the ICU.
Bilateral ground-glass opacities associated with reticulations (“crazy-paving” pattern) in a subpleural distribution.

COVID-19: case 36

PR Lolli, A Molinari, D Cataldo, M Fasciglione, R Lai, S Russo
76-year-old male patient admitted to the ED with acute abdominal pain. Potential risk for contacts with Covid-19 patients.

An abdominal CT was performed showing bowel perforation requiring surgery; moreover, lungs abnormalities were seen in the lower regions of the chest included in the examination. Therefore, the radiologist also acquired a chest CT and activate the procedure for the nasal swab.

The patient died after surgery. Covid-19 pneumonia was confirmed by RT-PCR.
Aria libera

Addensamenti basi polmonari
- Bilateral and diffuse ground-glass opacities.
- Free gas within the peritoneal cavity peritoneum consistent with bowel perforation and free fluid within the abdomen.

COVID-19: case 35

Gianluca Firullo, Francesca Ferrari, Mauro Martinetti, Valeria De Matteis.
ASL Verbano-Cusio-Ossola, direttore UOC Attilio Guazzoni.

63-year-old with no risk for Covid-19 exposure. The patient presented to the ED with syncope. Head CT and EKG were unremarkable. D-dimer was high, so a CTA for pulmonary embolism was performed which revealed scattered ground-glass opacities with reticulations and subpleural band consolidations in the posterior regions.
The patient developed an ARDS as well as leukopenia and an increase in transaminases. CPR slightly increased.

The following HRCT showed a progression of the interstitial pneumonia with diffuse “crazy paving” pattern.
RT-PCR was positive for SARC-CoV-2 and the patient was transferred to a referral center.

A dedicated sanitization was performed, requiring a 12-hours inactivity of the ED and the medicine department where the patient was hospitalized. Isolation was enforced to the physicians and health-workers involved in the patient care.